

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263744	1	T1020		10/12/13	10/12/13	11.00	185.57
263744	2	T1020		10/14/13	10/14/13	6.00	101.22
263744	3	T1020		10/15/13	10/15/13	6.00	101.22
263744	4	T1020		10/16/13	10/16/13	6.00	101.22
263744	5	T1020		10/17/13	10/17/13	6.00	101.22
263744	6	T1020		10/18/13	10/18/13	6.00	101.22
CLAIM TOTAL							691.67

CLAIM ACCOUNT REF.    2637440012008267SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008268    2008268    PANOS, DESPINA D                      05/11/1950    641269987                      111800517  
DIAGNOSIS CODES :    340.    345.90    401.9    493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263740	1	T1020		10/12/13	10/12/13	9.00	151.83
263740	2	T1020		10/13/13	10/13/13	9.00	151.83
CLAIM TOTAL							303.66

CLAIM ACCOUNT REF.    2637400012008268SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008306    2008306    GIL, ALICIA M                      12/05/1941    741488524                      111891265  
DIAGNOSIS CODES :    340.    733.00    530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263738	1	T1020		10/12/13	10/12/13	7.00	118.09
263738	2	T1020		10/13/13	10/13/13	7.00	118.09
263738	3	T1020		10/14/13	10/14/13	7.00	118.09
263738	4	T1020		10/15/13	10/15/13	7.00	118.09
263738	5	T1020		10/16/13	10/16/13	7.00	118.09
263738	6	T1020		10/17/13	10/17/13	7.00	118.09
263738	7	T1020		10/18/13	10/18/13	7.00	118.09
CLAIM TOTAL							826.63

CLAIM ACCOUNT REF.    2637380012008306SUP

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PAYER        ID = 11315                      FIDELIS CARE NY

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263743	1	T1020		10/15/13	10/15/13	8.00	134.96	
263743	2	T1020		10/16/13	10/16/13	9.00	151.83	
263743	3	T1020		10/17/13	10/17/13	5.00	84.35	
263743	4	T1020		10/18/13	10/18/13	8.00	134.96	
CLAIM TOTAL							506.10	CLAIM ACCOUNT REF.    2637430012008400SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263739	1	T1020		08/16/13	08/16/13	4.00	67.48	
263739	2	T1020		08/17/13	08/17/13	4.00	67.48	
263739	3	T1020		08/23/13	08/23/13	4.00	67.48	
263739	4	T1020		08/24/13	08/24/13	4.00	67.48	
263739	5	T1020		08/29/13	08/29/13	4.00	67.48	
263739	6	T1020		10/12/13	10/12/13	4.00	67.48	
263739	7	T1020		10/15/13	10/15/13	5.00	84.35	
263739	8	T1020		10/16/13	10/16/13	5.00	84.35	
263739	9	T1020		10/17/13	10/17/13	5.00	84.35	
263739	10	T1020		10/18/13	10/18/13	2.00	33.74	
CLAIM TOTAL							691.67	CLAIM ACCOUNT REF.    2637390012010712SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013080    2013080    SALABERRY, ANA              07/26/1920    74237467100                      130780781  
DIAGNOSIS CODES :    401.9        427.89        536.9        780.93        711.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263742	1	T1020		10/12/13	10/12/13	12.00	202.44	
263742	2	T1020		10/13/13	10/13/13	12.00	202.44	
263742	3	T1020		10/14/13	10/14/13	12.00	202.44	
263742	4	T1020		10/15/13	10/15/13	12.00	202.44	
263742	5	T1020		10/16/13	10/16/13	12.00	202.44	
263742	6	T1020		10/17/13	10/17/13	12.00	202.44	
263742	7	T1020		10/18/13	10/18/13	12.00	202.44	
CLAIM TOTAL							1,417.08	CLAIM ACCOUNT REF.    2637420012013080SUP

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PAYER        ID = 11315                      FIDELIS CARE NY

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263737	1	T1020		10/12/13	10/12/13	12.00	202.44
263737	2	T1020		10/13/13	10/13/13	12.00	202.44
263737	3	T1020		10/14/13	10/14/13	24.00	404.88
263737	4	T1020		10/15/13	10/15/13	24.00	404.88
263737	5	T1020		10/16/13	10/16/13	24.00	404.88
263737	6	T1020		10/17/13	10/17/13	24.00	404.88
263737	7	T1020		10/18/13	10/18/13	24.00	404.88
CLAIM TOTAL						2,429.28	

CLAIM ACCOUNT REF.    2637370012013422SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013910    2013910    PRIMERO, ARMIDA                      12/29/1932    742134970                      132260570  
DIAGNOSIS CODES :    401.9    244.9    429.9    785.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263741	1	T1020		10/14/13	10/14/13	7.00	118.09
263741	2	T1020		10/15/13	10/15/13	7.00	118.09
263741	3	T1020		10/16/13	10/16/13	7.00	118.09
263741	4	T1020		10/17/13	10/17/13	7.00	118.09
263741	5	T1020		10/18/13	10/18/13	7.00	118.09
CLAIM TOTAL						590.45	

CLAIM ACCOUNT REF.    2637410012013910SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014032    2014032    CASTILLO, ALTAGRACIA                      12/11/1928    742521646                      132460849  
DIAGNOSIS CODES :    401.0    285.9    562.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263736	1	T1020		10/14/13	10/14/13	4.00	67.48
263736	2	T1020		10/15/13	10/15/13	4.00	67.48
263736	3	T1020		10/16/13	10/16/13	4.00	67.48
263736	4	T1020		10/17/13	10/17/13	4.00	67.48
263736	5	T1020		10/18/13	10/18/13	4.00	67.48
CLAIM TOTAL						337.40	

CLAIM ACCOUNT REF.    2637360012014032SUP

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NPI = 1154407492

CLAIM FREO: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2637350012014050SUP

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	59	TOTAL CLAIM AMOUNT =	8,401.26
		# SERVICES =	10		

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NPI = 1154407492

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2637690012014330SUP

PAYER TOTALS:	HEALTHPLUS PREPAID	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	408.00
		# SERVICES =	1		

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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                      0106201390068  
DIAGNOSIS CODES :    356.9    348.2    401.9                      733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263770	1	T1019		10/12/13	10/12/13	4.00	71.44
263770	2	T1019		10/14/13	10/14/13	12.00	214.32
263770	3	T1019		10/15/13	10/15/13	12.00	214.32
263770	4	T1019		10/16/13	10/16/13	12.00	214.32
263770	5	T1019		10/17/13	10/17/13	12.00	214.32
263770	6	T1019		10/18/13	10/18/13	12.00	214.32
CLAIM TOTAL							1,143.04
							CLAIM ACCOUNT REF.    2637700012008233SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008236    2008236    PERSAD, USHA                      07/05/1955    TS79090G                      0105221390339  
DIAGNOSIS CODES :    250.10    272.0    401.9                      225.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263776	1	T1019		10/05/13	10/05/13	8.00	142.88
263776	2	T1019		10/06/13	10/06/13	8.00	142.88
263776	3	T1019		10/12/13	10/12/13	8.00	142.88
263776	4	T1019		10/13/13	10/13/13	8.00	142.88
263776	5	T1019		10/14/13	10/14/13	11.00	196.46
263776	6	T1019		10/15/13	10/15/13	11.00	196.46
263776	7	T1019		10/16/13	10/16/13	11.00	196.46
263776	8	T1019		10/17/13	10/17/13	11.00	196.46
263776	9	T1019		10/18/13	10/18/13	11.00	196.46
CLAIM TOTAL							1,553.82
							CLAIM ACCOUNT REF.    2637760012008236SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008385    2008385    MURDOCK, GERTRUDE                      11/01/1917    SS71357M                      0106251390383  
DIAGNOSIS CODES :    536.9    365.9    369.10    389.9    401.9                      715.90    733.00    V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263774	1	T1019		10/14/13	10/14/13	10.00	178.60
263774	2	T1019		10/15/13	10/15/13	10.00	178.60
263774	3	T1019		10/16/13	10/16/13	10.00	178.60
263774	4	T1019		10/17/13	10/17/13	9.00	160.74
CLAIM TOTAL							696.54
							CLAIM ACCOUNT REF.    2637740012008385SUP

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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 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0104191390258  
DIAGNOSIS CODES : 401.9 250.00 272.0 278.00 295.00 311. 780.57  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263777	1	T1019				10/10/13	10/10/13	8.00	142.88
263777	2	T1019				10/11/13	10/11/13	8.00	142.88
263777	3	T1019				10/14/13	10/14/13	8.00	142.88
263777	4	T1019				10/15/13	10/15/13	8.00	142.88
263777	5	T1019				10/16/13	10/16/13	8.00	142.88
CLAIM TOTAL									714.40
CLAIM ACCOUNT REF.									2637770012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008418 2008418 RYALS, CHARLES 11/03/1950 ZZ49620T 0110151390753  
DIAGNOSIS CODES : 401.9 250.00 272.0 278.00 295.00 311. 780.57  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263778	1	T1019				10/17/13	10/17/13	8.00	142.88
263778	2	T1019				10/18/13	10/18/13	8.00	142.88
CLAIM TOTAL									285.76
CLAIM ACCOUNT REF.									2637780012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009377 2009377 SANTORO, MATTHEW 08/20/1949 SP38021Q 0109041390225  
DIAGNOSIS CODES : 299.01 453.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263779	1	T1019				10/12/13	10/12/13	5.00	89.30
263779	2	T1019				10/13/13	10/13/13	4.00	71.44
263779	3	T1019				10/14/13	10/14/13	5.00	89.30
263779	4	T1019				10/15/13	10/15/13	5.00	89.30
263779	5	T1019				10/16/13	10/16/13	5.00	89.30
263779	6	T1019				10/17/13	10/17/13	5.00	89.30
CLAIM TOTAL									517.94
CLAIM ACCOUNT REF.									2637790012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0107111390405  
DIAGNOSIS CODES : 428.0 244.9 272.4 331.0 537.9 746.85  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263781	1	T1019				10/12/13	10/12/13	10.00	178.60

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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263781	2	T1019		10/14/13	10/14/13	10.00	178.60	
263781	3	T1019		10/15/13	10/15/13	10.00	178.60	
263781	4	T1019		10/16/13	10/16/13	10.00	178.60	
263781	5	T1019		10/17/13	10/17/13	10.00	178.60	
263781	6	T1019		10/18/13	10/18/13	10.00	178.60	
CLAIM TOTAL							1,071.60	CLAIM ACCOUNT REF. 2637810012010213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010886 2010886 OSORIO, ELVIA 07/05/1943 SM10426S 01-081613-904-64  
DIAGNOSIS CODES : 253.5 272.4 354.0 401.9 733.09  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263775	1	T1019		10/12/13	10/12/13	5.00	89.30	
263775	2	T1019		10/14/13	10/14/13	5.00	89.30	
263775	3	T1019		10/15/13	10/15/13	5.00	89.30	
263775	4	T1019		10/16/13	10/16/13	5.00	89.30	
263775	5	T1019		10/17/13	10/17/13	5.00	89.30	
263775	6	T1019		10/18/13	10/18/13	5.00	89.30	
CLAIM TOTAL							535.80	CLAIM ACCOUNT REF. 2637750012010886SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0105141390497  
DIAGNOSIS CODES : 295.90 369.10 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263771	1	T1019		10/12/13	10/12/13	24.00	428.64	
263771	2	T1019		10/13/13	10/13/13	24.00	428.64	
263771	3	T1019		10/14/13	10/14/13	24.00	428.64	
263771	4	T1019		10/15/13	10/15/13	24.00	428.64	
263771	5	T1019		10/16/13	10/16/13	24.00	428.64	
263771	6	T1019		10/17/13	10/17/13	24.00	428.64	
263771	7	T1019		10/18/13	10/18/13	24.00	428.64	
CLAIM TOTAL							3,000.48	CLAIM ACCOUNT REF. 2637710012011286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013185 2013185 GOMEZ, LUZ 02/18/1942 523000131 0106061390004  
DIAGNOSIS CODES : 295.90 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263773	1	T1019		10/12/13	10/12/13	8.00	142.88



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PAYER ID = 13265                      METROPLUS HEALTH PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263773	2	T1019		10/13/13	10/13/13	8.00	142.88	
263773	3	T1019		10/14/13	10/14/13	8.00	142.88	
263773	4	T1019		10/15/13	10/15/13	8.00	142.88	
263773	5	T1019		10/16/13	10/16/13	8.00	142.88	
263773	6	T1019		10/17/13	10/17/13	8.00	142.88	
263773	7	T1019		10/18/13	10/18/13	8.00	142.88	
CLAIM TOTAL							1,000.16	CLAIM ACCOUNT REF. 2637730012013185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013663 2013663 TILAK, VEERAMA 01/01/1933 523000176 0106281390150  
DIAGNOSIS CODES : 250.00 272.4 401.9 493.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263780	1	T1019		10/05/13	10/05/13	5.00	89.30	
263780	2	T1019		10/07/13	10/07/13	5.00	89.30	
263780	3	T1019		10/08/13	10/08/13	5.00	89.30	
263780	4	T1019		10/09/13	10/09/13	5.00	89.30	
263780	5	T1019		10/10/13	10/10/13	5.00	89.30	
263780	6	T1019		10/11/13	10/11/13	5.00	89.30	
263780	7	T1019		10/12/13	10/12/13	5.00	89.30	
263780	8	T1019		10/14/13	10/14/13	5.00	89.30	
263780	9	T1019		10/15/13	10/15/13	5.00	89.30	
263780	10	T1019		10/16/13	10/16/13	5.00	89.30	
263780	11	T1019		10/17/13	10/17/13	5.00	89.30	
263780	12	T1019		10/18/13	10/18/13	5.00	89.30	
CLAIM TOTAL							1,071.60	CLAIM ACCOUNT REF. 2637800012013663SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014079 2014079 FERNANDEZ, JOSE 09/21/1926 523000096 0109061390352  
DIAGNOSIS CODES : 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263772	1	T1019		10/12/13	10/12/13	1.00	17.86	
263772	2	T1019		10/13/13	10/13/13	1.00	17.86	
263772	3	T1019		10/14/13	10/14/13	1.00	17.86	
263772	4	T1019		10/15/13	10/15/13	1.00	17.86	
263772	5	T1019		10/16/13	10/16/13	1.00	17.86	
263772	6	T1019		10/17/13	10/17/13	1.00	17.86	
263772	7	T1019		10/18/13	10/18/13	1.00	17.86	
CLAIM TOTAL							125.02	CLAIM ACCOUNT REF. 2637720012014079SUP

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

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	77	TOTAL CLAIM AMOUNT =	11,716.16
		# SERVICES =	11		

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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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 111771985  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263811	1	T1019				09/26/13	09/26/13	36.00	154.80
263811	2	T1019				10/12/13	10/12/13	36.00	154.80
263811	3	T1019				10/13/13	10/13/13	36.00	154.80
263811	4	T1019				10/14/13	10/14/13	36.00	154.80
263811	5	T1019				10/15/13	10/15/13	36.00	154.80
263811	6	T1019				10/16/13	10/16/13	36.00	154.80
263811	7	T1019				10/17/13	10/17/13	36.00	154.80
263811	8	T1019				10/18/13	10/18/13	36.00	154.80

CLAIM TOTAL 1,238.40 CLAIM ACCOUNT REF. 2638110012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 ZV42745Q 112094558  
DIAGNOSIS CODES : 250.00 244.8 295.90 401.9 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263798	1	T1019				10/12/13	10/12/13	24.00	103.20
263798	2	T1019				10/13/13	10/13/13	24.00	103.20
263798	3	T1019				10/14/13	10/14/13	24.00	103.20
263798	4	T1019				10/15/13	10/15/13	24.00	103.20
263798	5	T1019				10/16/13	10/16/13	24.00	103.20
263798	6	T1019				10/17/13	10/17/13	24.00	103.20
263798	7	T1019				10/18/13	10/18/13	24.00	103.20

CLAIM TOTAL 722.40 CLAIM ACCOUNT REF. 2637980012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111963534  
DIAGNOSIS CODES : 715.00 272.2 285.29 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263783	1	T1019				10/12/13	10/12/13	28.00	120.40
263783	2	T1019				10/13/13	10/13/13	28.00	120.40
263783	3	T1019				10/14/13	10/14/13	28.00	120.40
263783	4	T1019				10/15/13	10/15/13	28.00	120.40
263783	5	T1019				10/16/13	10/16/13	28.00	120.40
263783	6	T1019				10/17/13	10/17/13	28.00	120.40
263783	7	T1019				10/18/13	10/18/13	16.00	68.80

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							791.20	2637830012012101SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012102	2012102	BISRAM, ROOPKALIA	01/03/1938	708029	112039564
DIAGNOSIS CODES : 401.9 272.2							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263785	1	T1019		10/14/13	10/14/13	16.00	68.80	
263785	2	T1019		10/15/13	10/15/13	16.00	68.80	
263785	3	T1019		10/16/13	10/16/13	16.00	68.80	
263785	4	T1019		10/17/13	10/17/13	16.00	68.80	
263785	5	T1019		10/18/13	10/18/13	16.00	68.80	
							344.00	2637850012012102SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012104	2012104	CEBALLOS, FRANCISCA	11/10/1931	744474	112343507
DIAGNOSIS CODES : 331.0 093.9 253.5							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263786	1	T1019		10/12/13	10/12/13	40.00	172.00	
263786	2	T1019		10/13/13	10/13/13	40.00	172.00	
263786	3	T1019		10/14/13	10/14/13	40.00	172.00	
263786	4	T1019		10/15/13	10/15/13	40.00	172.00	
263786	5	T1019		10/16/13	10/16/13	40.00	172.00	
263786	6	T1019		10/17/13	10/17/13	40.00	172.00	
263786	7	T1019		10/18/13	10/18/13	40.00	172.00	
							1,204.00	2637860012012104SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012108	2012108	GODINOT, CARMEN	07/16/1939	695752	112161051
DIAGNOSIS CODES : 369.3 250.00 401.9							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263790	1	T1019		10/14/13	10/14/13	24.00	103.20	
263790	2	T1019		10/15/13	10/15/13	24.00	103.20	
263790	3	T1019		10/16/13	10/16/13	24.00	103.20	
263790	4	T1019		10/17/13	10/17/13	24.00	103.20	
263790	5	T1019		10/18/13	10/18/13	24.00	103.20	
							516.00	2637900012012108SUP

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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   2012110    2012110    GOMEZ, RANNIE                      09/11/1917    698802                      112009902  
DIAGNOSIS CODES :    401.9    272.2    365.9                      428.0    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263791	1	T1019				10/15/13	10/15/13	28.00	120.40
263791	2	T1019				10/17/13	10/17/13	28.00	120.40
263791	3	T1019				10/18/13	10/18/13	28.00	120.40
CLAIM TOTAL									361.20
CLAIM ACCOUNT REF.									2637910012012110SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012116    2012116    GUERRERO, MARIA                      07/09/1914    693949                      111977380  
DIAGNOSIS CODES :    355.71    250.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263792	1	T1019				10/12/13	10/12/13	32.00	137.60
263792	2	T1019				10/14/13	10/14/13	32.00	137.60
263792	3	T1019				10/15/13	10/15/13	32.00	137.60
263792	4	T1019				10/16/13	10/16/13	32.00	137.60
263792	5	T1019				10/17/13	10/17/13	32.00	137.60
263792	6	T1019				10/18/13	10/18/13	32.00	137.60
CLAIM TOTAL									825.60
CLAIM ACCOUNT REF.									2637920012012116SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012117    2012117    HAYNES, LAMONT                      08/22/1920    695748                      112161929  
DIAGNOSIS CODES :    428.0    250.00    401.9                      600.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263793	1	T1019				10/12/13	10/12/13	20.00	86.00
263793	2	T1019				10/13/13	10/13/13	20.00	86.00
263793	3	T1019				10/14/13	10/14/13	16.00	68.80
263793	4	T1019				10/15/13	10/15/13	16.00	68.80
263793	5	T1019				10/16/13	10/16/13	16.00	68.80
263793	6	T1019				10/17/13	10/17/13	16.00	68.80
263793	7	T1019				10/18/13	10/18/13	16.00	68.80
CLAIM TOTAL									516.00
CLAIM ACCOUNT REF.									2637930012012117SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 112266148  
DIAGNOSIS CODES : 715.90 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263795	1	T1019		10/14/13	10/14/13	28.00	120.40	
263795	2	T1019		10/15/13	10/15/13	28.00	120.40	
263795	3	T1019		10/16/13	10/16/13	28.00	120.40	
263795	4	T1019		10/17/13	10/17/13	28.00	120.40	
CLAIM TOTAL							481.60	CLAIM ACCOUNT REF. 2637950012012120SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012121 2012121 MOHAMED, DENISE 06/14/1959 691722 112139533  
DIAGNOSIS CODES : 715.98  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263800	1	T1019		10/12/13	10/12/13	32.00	137.60	
263800	2	T1019		10/13/13	10/13/13	32.00	137.60	
263800	3	T1019		10/14/13	10/14/13	32.00	137.60	
263800	4	T1019		10/15/13	10/15/13	32.00	137.60	
263800	5	T1019		10/16/13	10/16/13	32.00	137.60	
263800	6	T1019		10/17/13	10/17/13	32.00	137.60	
CLAIM TOTAL							825.60	CLAIM ACCOUNT REF. 2638000012012121SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 112258416  
DIAGNOSIS CODES : 250.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263801	1	T1019		10/12/13	10/12/13	20.00	86.00	
263801	2	T1019		10/13/13	10/13/13	20.00	86.00	
263801	3	T1019		10/14/13	10/14/13	20.00	86.00	
263801	4	T1019		10/15/13	10/15/13	20.00	86.00	
263801	5	T1019		10/16/13	10/16/13	20.00	86.00	
263801	6	T1019		10/17/13	10/17/13	20.00	86.00	
263801	7	T1019		10/18/13	10/18/13	20.00	86.00	
CLAIM TOTAL							602.00	CLAIM ACCOUNT REF. 2638010012012122SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 112253845  
DIAGNOSIS CODES : 493.92 311. 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263802	1	T1019			10/12/13	10/12/13	20.00	86.00	
263802	2	T1019			10/13/13	10/13/13	20.00	86.00	
263802	3	T1019			10/14/13	10/14/13	28.00	120.40	
263802	4	T1019			10/15/13	10/15/13	28.00	120.40	
263802	5	T1019			10/16/13	10/16/13	28.00	120.40	
263802	6	T1019			10/17/13	10/17/13	28.00	120.40	
263802	7	T1019			10/18/13	10/18/13	28.00	120.40	
					CLAIM TOTAL			774.00	CLAIM ACCOUNT REF. 2638020012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 112154359  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263804	1	T1019			10/14/13	10/14/13	16.00	68.80	
263804	2	T1019			10/16/13	10/16/13	16.00	68.80	
263804	3	T1019			10/18/13	10/18/13	16.00	68.80	
					CLAIM TOTAL			206.40	CLAIM ACCOUNT REF. 2638040012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 112113101  
DIAGNOSIS CODES : 093.89 253.5 311. 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263819	1	T1019			09/25/13	09/25/13	28.00	120.40	
263819	2	T1019			10/14/13	10/14/13	28.00	120.40	
263819	3	T1019			10/16/13	10/16/13	28.00	120.40	
263819	4	T1019			10/17/13	10/17/13	28.00	120.40	
263819	5	T1019			10/18/13	10/18/13	28.00	120.40	
					CLAIM TOTAL			602.00	CLAIM ACCOUNT REF. 2638190012012134SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012137 2012137 VAZQUEZ 1, ROSA 08/08/1934 695667 112166050  
DIAGNOSIS CODES : 715.90 244.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263822	1	T1019				10/14/13	10/14/13	32.00	137.60
263822	2	T1019				10/15/13	10/15/13	32.00	137.60
263822	3	T1019				10/16/13	10/16/13	32.00	137.60
263822	4	T1019				10/17/13	10/17/13	32.00	137.60
263822	5	T1019				10/18/13	10/18/13	32.00	137.60
CLAIM TOTAL									688.00
CLAIM ACCOUNT REF.									2638220012012137SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 112060162  
DIAGNOSIS CODES : 253.5 401.9 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263823	1	T1019				10/14/13	10/14/13	16.00	68.80
263823	2	T1019				10/15/13	10/15/13	16.00	68.80
263823	3	T1019				10/17/13	10/17/13	16.00	68.80
263823	4	T1019				10/18/13	10/18/13	16.00	68.80
CLAIM TOTAL									275.20
CLAIM ACCOUNT REF.									2638230012012138SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 112271667  
DIAGNOSIS CODES : 294.10 153.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263805	1	T1019				10/12/13	10/12/13	32.00	137.60
263805	2	T1019				10/14/13	10/14/13	32.00	137.60
263805	3	T1019				10/15/13	10/15/13	32.00	137.60
263805	4	T1019				10/16/13	10/16/13	32.00	137.60
263805	5	T1019				10/17/13	10/17/13	32.00	137.60
263805	6	T1019				10/18/13	10/18/13	32.00	137.60
CLAIM TOTAL									825.60
CLAIM ACCOUNT REF.									2638050012012140SUP



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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 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 112001629  
DIAGNOSIS CODES : 958.8 599.70 692.9 795.05  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263818	1	T1019				10/14/13	10/14/13	16.00	68.80
263818	2	T1019				10/16/13	10/16/13	16.00	68.80
263818	3	T1019				10/18/13	10/18/13	16.00	68.80
CLAIM TOTAL									206.40

CLAIM ACCOUNT REF. 2638180012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 112253582  
DIAGNOSIS CODES : 135. 250.00 426.4 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263799	1	T1019				10/12/13	10/12/13	12.00	51.60
263799	2	T1019				10/14/13	10/14/13	12.00	51.60
263799	3	T1019				10/15/13	10/15/13	12.00	51.60
263799	4	T1019				10/16/13	10/16/13	12.00	51.60
263799	5	T1019				10/17/13	10/17/13	12.00	51.60
263799	6	T1019				10/18/13	10/18/13	12.00	51.60
CLAIM TOTAL									309.60

CLAIM ACCOUNT REF. 2637990012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 112275384  
DIAGNOSIS CODES : 715.90 244.9 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263808	1	T1019				10/16/13	10/16/13	20.00	86.00
CLAIM TOTAL									86.00

CLAIM ACCOUNT REF. 2638080012012144SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 112258328  
DIAGNOSIS CODES : 715.90 272.0 274.9 278.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263806	1	T1019				10/14/13	10/14/13	16.00	68.80
263806	2	T1019				10/15/13	10/15/13	16.00	68.80
263806	3	T1019				10/17/13	10/17/13	16.00	68.80
263806	4	T1019				10/18/13	10/18/13	16.00	68.80

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							275.20	2638060012012145SUP
CLAIM TOTAL								
REG LOC	CLIENT	SERVICE NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2012146	2012146 PERALTA, INEZ		08/18/1942	715489	112253239		
DIAGNOSIS CODES :		250.00 272.4 278.00	401.9	244.9	311.			
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263807	1	T1019		10/04/13	10/04/13	16.00	68.80	
263807	2	T1019		10/14/13	10/14/13	16.00	68.80	
263807	3	T1019		10/15/13	10/15/13	16.00	68.80	
263807	4	T1019		10/17/13	10/17/13	16.00	68.80	
263807	5	T1019		10/18/13	10/18/13	16.00	68.80	
CLAIM TOTAL							344.00	2638070012012146SUP

REG LOC	CLIENT	SERVICE NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2012147	2012147 RAMOS, SILVIA		08/16/1957	707547	112060920	
DIAGNOSIS CODES :		724.2 253.5 401.9					
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263812	1	T1019		10/14/13	10/14/13	20.00	86.00	
263812	2	T1019		10/15/13	10/15/13	20.00	86.00	
263812	3	T1019		10/16/13	10/16/13	20.00	86.00	
263812	4	T1019		10/17/13	10/17/13	20.00	86.00	
263812	5	T1019		10/18/13	10/18/13	20.00	86.00	
CLAIM TOTAL							430.00	2638120012012147SUP

REG LOC	CLIENT	SERVICE NAME		BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2012149	2012149 REGLA, MARIA F		11/21/1933	691499	112206508	
DIAGNOSIS CODES :		250.00 715.09					
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263813	1	T1019		10/12/13	10/12/13	32.00	137.60	
263813	2	T1019		10/15/13	10/15/13	32.00	137.60	
263813	3	T1019		10/16/13	10/16/13	32.00	137.60	
263813	4	T1019		10/17/13	10/17/13	32.00	137.60	
263813	5	T1019		10/18/13	10/18/13	32.00	137.60	
CLAIM TOTAL							688.00	2638130012012149SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 112305572  
DIAGNOSIS CODES : 319. 345.10 705.83  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263815	1	T1019				10/01/13	10/01/13	8.00	34.40	
263815	2	T1019				10/02/13	10/02/13	8.00	34.40	
263815	3	T1019				10/03/13	10/03/13	8.00	34.40	
263815	4	T1019				10/04/13	10/04/13	8.00	34.40	
CLAIM TOTAL									137.60	CLAIM ACCOUNT REF. 2638150012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111980325  
DIAGNOSIS CODES : 555.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263817	1	T1019				10/08/13	10/08/13	20.00	86.00	
263817	2	T1019				10/14/13	10/14/13	20.00	86.00	
263817	3	T1019				10/16/13	10/16/13	20.00	86.00	
263817	4	T1019				10/17/13	10/17/13	20.00	86.00	
263817	5	T1019				10/18/13	10/18/13	20.00	86.00	
CLAIM TOTAL									430.00	CLAIM ACCOUNT REF. 2638170012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 112247242  
DIAGNOSIS CODES : 401.9 272.4 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263796	1	T1019				10/01/13	10/01/13	48.00	206.40	
263796	2	T1019				10/12/13	10/12/13	48.00	206.40	
263796	3	T1019				10/13/13	10/13/13	48.00	206.40	
263796	4	T1019				10/14/13	10/14/13	48.00	206.40	
263796	5	T1019				10/15/13	10/15/13	48.00	206.40	
263796	6	T1019				10/16/13	10/16/13	48.00	206.40	
263796	7	T1019				10/17/13	10/17/13	48.00	206.40	
263796	8	T1019				10/18/13	10/18/13	48.00	206.40	
CLAIM TOTAL									1,651.20	CLAIM ACCOUNT REF. 2637960012012158SUP

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PAYER       ID = 14163                      WELLCARE OF NY

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012161    2012161    ALONSO, ANA                      03/02/1943    739934                      112256508  
DIAGNOSIS CODES :    733.09    253.5    272.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263782	1	T1019		10/05/13	10/05/13	20.00	86.00
263782	2	T1019		10/06/13	10/06/13	20.00	86.00
263782	3	T1019		10/07/13	10/07/13	20.00	86.00
263782	4	T1019		10/08/13	10/08/13	20.00	86.00
263782	5	T1019		10/09/13	10/09/13	20.00	86.00
263782	6	T1019		10/10/13	10/10/13	20.00	86.00
263782	7	T1019		10/11/13	10/11/13	20.00	86.00
263782	8	T1019		10/12/13	10/12/13	20.00	86.00
263782	9	T1019		10/13/13	10/13/13	20.00	86.00
263782	10	T1019		10/14/13	10/14/13	20.00	86.00
263782	11	T1019		10/15/13	10/15/13	20.00	86.00
263782	12	T1019		10/16/13	10/16/13	20.00	86.00
263782	13	T1019		10/17/13	10/17/13	20.00	86.00
263782	14	T1019		10/18/13	10/18/13	20.00	86.00

CLAIM TOTAL                      1,204.00    CLAIM ACCOUNT REF.    2637820012012161SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2012261    2012261    SILVEIRA, BERTA                      06/23/1938    753060                      112151886  
DIAGNOSIS CODES :    786.05    401.9    492.8    530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263820	1	T1019		10/05/13	10/05/13	24.00	103.20
263820	2	T1019		10/07/13	10/07/13	24.00	103.20
263820	3	T1019		10/08/13	10/08/13	24.00	103.20
263820	4	T1019		10/09/13	10/09/13	24.00	103.20
263820	5	T1019		10/10/13	10/10/13	24.00	103.20
263820	6	T1019		10/11/13	10/11/13	24.00	103.20
263820	7	T1019		10/12/13	10/12/13	24.00	103.20
263820	8	T1019		10/14/13	10/14/13	24.00	103.20
263820	9	T1019		10/16/13	10/16/13	24.00	103.20
263820	10	T1019		10/17/13	10/17/13	24.00	103.20
263820	11	T1019		10/18/13	10/18/13	24.00	103.20

CLAIM TOTAL                      1,135.20    CLAIM ACCOUNT REF.    2638200012012261SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012136 2012266 SOTO, RAFAEL B 03/08/1937 700573 112134327  
DIAGNOSIS CODES : 715.09 250.00 272.2 401.9 428.0 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263821	1	T1019		10/12/13	10/12/13	36.00	154.80
263821	2	T1019		10/13/13	10/13/13	36.00	154.80
263821	3	T1019		10/14/13	10/14/13	36.00	154.80
263821	4	T1019		10/15/13	10/15/13	36.00	154.80
263821	5	T1019		10/16/13	10/16/13	36.00	154.80
CLAIM TOTAL							774.00
CLAIM ACCOUNT REF.							2638210012012266SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012719 2012719 SANCHEZ FLORES, ADELAI 11/03/1944 761166 112258543  
DIAGNOSIS CODES : 401.9 300.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263816	1	T1019		10/08/13	10/08/13	20.00	86.00
263816	2	T1019		10/10/13	10/10/13	20.00	86.00
263816	3	T1019		10/14/13	10/14/13	20.00	86.00
263816	4	T1019		10/15/13	10/15/13	20.00	86.00
263816	5	T1019		10/16/13	10/16/13	20.00	86.00
263816	6	T1019		10/17/13	10/17/13	20.00	86.00
263816	7	T1019		10/18/13	10/18/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2638160012012719SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 112149058  
DIAGNOSIS CODES : 331.0 253.5 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263797	1	T1019		10/12/13	10/12/13	48.00	206.40
263797	2	T1019		10/14/13	10/14/13	48.00	206.40
263797	3	T1019		10/15/13	10/15/13	48.00	206.40
263797	4	T1019		10/16/13	10/16/13	48.00	206.40
263797	5	T1019		10/17/13	10/17/13	48.00	206.40
263797	6	T1019		10/18/13	10/18/13	48.00	206.40
CLAIM TOTAL							1,238.40
CLAIM ACCOUNT REF.							2637970012012948SUP

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PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 112037017  
DIAGNOSIS CODES : 714.0 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263789	1	T1019		10/12/13	10/12/13	20.00	86.00
263789	2	T1019		10/13/13	10/13/13	20.00	86.00
263789	3	T1019		10/14/13	10/14/13	20.00	86.00
263789	4	T1019		10/15/13	10/15/13	20.00	86.00
263789	5	T1019		10/16/13	10/16/13	20.00	86.00
263789	6	T1019		10/17/13	10/17/13	20.00	86.00
263789	7	T1019		10/18/13	10/18/13	20.00	86.00
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2637890012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 112190529  
DIAGNOSIS CODES : 344.00 493.90 742.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263788	1	T1019		09/09/13	09/09/13	84.00	361.20
263788	2	T1019		10/09/13	10/09/13	28.00	120.40
263788	3	T1019		10/10/13	10/10/13	36.00	154.80
263788	4	T1019		10/11/13	10/11/13	32.00	137.60
263788	5	T1019		10/12/13	10/12/13	84.00	361.20
263788	6	T1019		10/13/13	10/13/13	84.00	361.20
263788	7	T1019		10/14/13	10/14/13	84.00	361.20
263788	8	T1019		10/15/13	10/15/13	84.00	361.20
263788	9	T1019		10/16/13	10/16/13	80.00	344.00
263788	10	T1019		10/17/13	10/17/13	48.00	206.40
263788	11	T1019		10/18/13	10/18/13	84.00	361.20
CLAIM TOTAL							3,130.40

CLAIM ACCOUNT REF. 2637880012012953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1031950 2012979 HUDGINS, LOUZETTA 05/18/1944 761959 112038867  
DIAGNOSIS CODES : 401.9 250.00 278.00 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263794	1	T1019		10/12/13	10/12/13	20.00	86.00
263794	2	T1019		10/15/13	10/15/13	20.00	86.00
263794	3	T1019		10/16/13	10/16/13	20.00	86.00
263794	4	T1019		10/18/13	10/18/13	20.00	86.00

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PAYER       ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							344.00	2637940012012979SUP
CLAIM TOTAL								

  

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012984	2012984	YOUNG, MARY	11/04/1926	762776	112084862
DIAGNOSIS CODES :		342.82	244.9	250.00	272.4	294.10	401.9
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263824	1	T1019		10/12/13	10/12/13	32.00	137.60	
263824	2	T1019		10/14/13	10/14/13	32.00	137.60	
263824	3	T1019		10/15/13	10/15/13	32.00	137.60	
263824	4	T1019		10/16/13	10/16/13	32.00	137.60	
263824	5	T1019		10/17/13	10/17/13	32.00	137.60	
263824	6	T1019		10/18/13	10/18/13	32.00	137.60	
CLAIM TOTAL							825.60	2638240012012984SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012152	2013395	REYES, TERESA	03/18/1941	697840	112241220
DIAGNOSIS CODES :		250.00	401.9				
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263814	1	T1019		10/14/13	10/14/13	32.00	137.60	
263814	2	T1019		10/15/13	10/15/13	32.00	137.60	
263814	3	T1019		10/17/13	10/17/13	32.00	137.60	
263814	4	T1019		10/18/13	10/18/13	32.00	137.60	
CLAIM TOTAL							550.40	2638140012013395SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013679	2013679	PRISCO, FILOMENA	09/15/1921	769526	111988449
DIAGNOSIS CODES :		728.87	250.00	477.9	493.90	782.3	276.8
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263810	1	T1019		10/12/13	10/12/13	16.00	68.80	
263810	2	T1019		10/13/13	10/13/13	16.00	68.80	
263810	3	T1019		10/14/13	10/14/13	16.00	68.80	
263810	4	T1019		10/15/13	10/15/13	16.00	68.80	
263810	5	T1019		10/16/13	10/16/13	16.00	68.80	
263810	6	T1019		10/17/13	10/17/13	16.00	68.80	
263810	7	T1019		10/18/13	10/18/13	16.00	68.80	
CLAIM TOTAL							481.60	2638100012013679SUP

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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    2012132    2013774    ORTIZ, DOLORES                      06/30/1927    744365                      112346137  
DIAGNOSIS CODES :    719.7    272.4    401.9    750.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263803	1	T1019		10/07/13	10/07/13	48.00	206.40
263803	2	T1019		10/12/13	10/12/13	48.00	206.40
263803	3	T1019		10/13/13	10/13/13	48.00	206.40
263803	4	T1019		10/14/13	10/14/13	48.00	206.40
263803	5	T1019		10/16/13	10/16/13	48.00	206.40
263803	6	T1019		10/18/13	10/18/13	48.00	206.40
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF.    2638030012013774SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2013987    2013987    CHOUDHURY, DILARA                      05/20/1947    774024                      112177389  
DIAGNOSIS CODES :    249.00    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263787	1	T1019		09/11/13	09/11/13	12.00	51.60
263787	2	T1019		09/20/13	09/20/13	12.00	51.60
263787	3	T1019		10/09/13	10/09/13	12.00	51.60
263787	4	T1019		10/10/13	10/10/13	12.00	51.60
263787	5	T1019		10/11/13	10/11/13	12.00	51.60
263787	6	T1019		10/12/13	10/12/13	12.00	51.60
263787	7	T1019		10/13/13	10/13/13	12.00	51.60
263787	8	T1019		10/14/13	10/14/13	12.00	51.60
263787	9	T1019		10/15/13	10/15/13	12.00	51.60
263787	10	T1019		10/16/13	10/16/13	12.00	51.60
263787	11	T1019		10/18/13	10/18/13	12.00	51.60
CLAIM TOTAL						567.60	CLAIM ACCOUNT REF.    2637870012013987SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014189    2014189    PINEDA, EMILIA                      10/20/1925    776967                      112300071  
DIAGNOSIS CODES :    715.09  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263809	1	T1019		10/12/13	10/12/13	16.00	68.80
263809	2	T1019		10/13/13	10/13/13	16.00	68.80
263809	3	T1019		10/16/13	10/16/13	12.00	51.60
263809	4	T1019		10/17/13	10/17/13	12.00	51.60
263809	5	T1019		10/18/13	10/18/13	12.00	51.60



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NPI = 1154407492

CLAIM ACCOUNT REF. 2638090012014189SUP

PRIOR AUTHORIZATION #

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2637840012014220SUP

TOTAL CLAIM AMOUNT = 29,756.00

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# SERVICES      =      43
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE  
PAYER ID = 55247                              HEALTH INSURANCE PLAN

NPI = 1154407492

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263766	1	T1019		0580		10/16/13	10/16/13	8.00	33.76	
									CLAIM TOTAL	33.76
										CLAIM ACCOUNT REF. 2637660012008491SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263768	1	T1019		0580		10/14/13	10/14/13	16.00	67.52	
263768	2	T1019		0580		10/15/13	10/15/13	16.00	67.52	
263768	3	T1019		0580		10/16/13	10/16/13	16.00	67.52	
263768	4	T1019		0580		10/17/13	10/17/13	16.00	67.52	
263768	5	T1019		0580		10/18/13	10/18/13	16.00	67.52	
									CLAIM TOTAL	337.60
										CLAIM ACCOUNT REF. 2637680012008513SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008193 2008723 REYNOLDS, HARRIET 07/01/1958 SR66809C 0003855084-008  
DIAGNOSIS CODES : 728.87 250.00 250.60 311. 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263762	1	T1019		0580		10/15/13	10/15/13	16.00	67.52	
263762	2	T1019		0580		10/17/13	10/17/13	16.00	67.52	
263762	3	T1019		0580		10/18/13	10/18/13	16.00	67.52	
									CLAIM TOTAL	202.56
										CLAIM ACCOUNT REF. 2637620012008723SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008793 2008793 COPE, WILLIE 02/17/1928 XR98607Q 0004050353006  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263753	1	T1019		0580		10/12/13	10/12/13	48.00	202.56	
263753	2	T1019		0580		10/13/13	10/13/13	48.00	202.56	
263753	3	T1019		0580		10/14/13	10/14/13	48.00	202.56	
263753	4	T1019		0580		10/15/13	10/15/13	48.00	202.56	
263753	5	T1019		0580		10/16/13	10/16/13	48.00	202.56	

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PAYER ID = 55247                              HEALTH INSURANCE PLAN

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263753	6	T1019	0580	10/17/13	10/17/13	48.00	202.56
263753	7	T1019	0580	10/18/13	10/18/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2637530012008793SUP

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  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263763	1	T1019	0580	10/12/13	10/12/13	32.00	135.04
263763	2	T1019	0580	10/13/13	10/13/13	32.00	135.04
263763	3	T1019	0580	10/14/13	10/14/13	32.00	135.04
263763	4	T1019	0580	10/15/13	10/15/13	32.00	135.04
263763	5	T1019	0580	10/16/13	10/16/13	32.00	135.04
263763	6	T1019	0580	10/17/13	10/17/13	32.00	135.04
263763	7	T1019	0580	10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2637630012009237SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008223 2009269 SHAH, HANSIKABEN 09/28/1948 UR74418G 0005080096  
DIAGNOSIS CODES : 401.9 296.20 733.00 V61.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263767	1	T1019	0580	10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL							84.40
CLAIM ACCOUNT REF.							2637670012009269SUP

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  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263764	1	T1019	0580	10/12/13	10/12/13	20.00	84.40
263764	2	T1019	0580	10/13/13	10/13/13	16.00	67.52
263764	3	T1019	0580	10/14/13	10/14/13	20.00	84.40
263764	4	T1019	0580	10/15/13	10/15/13	20.00	84.40
263764	5	T1019	0580	10/16/13	10/16/13	20.00	84.40
263764	6	T1019	0580	10/17/13	10/17/13	20.00	84.40
263764	7	T1019	0580	10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL							573.92
CLAIM ACCOUNT REF.							2637640012009406SUP

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

NPI = 1154407492

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263765	1	T1019		0580		10/10/13	10/10/13	40.00	168.80
263765	2	T1019		0580		10/16/13	10/16/13	40.00	168.80
263765	3	T1019		0580		10/17/13	10/17/13	40.00	168.80
CLAIM TOTAL									506.40

CLAIM ACCOUNT REF. 2637650012009562SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263756	1	T1019		0580		10/15/13	10/15/13	16.00	67.52
263756	2	T1019		0580		10/16/13	10/16/13	16.00	67.52
263756	3	T1019		0580		10/17/13	10/17/13	16.00	67.52
263756	4	T1019		0580		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL									270.08

CLAIM ACCOUNT REF. 2637560012009686SUP

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  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263757	1	T1019		0580		10/12/13	10/12/13	36.00	151.92
263757	2	T1019		0580		10/13/13	10/13/13	36.00	151.92
263757	3	T1019		0580		10/14/13	10/14/13	36.00	151.92
263757	4	T1019		0580		10/15/13	10/15/13	36.00	151.92
263757	5	T1019		0580		10/16/13	10/16/13	36.00	151.92
263757	6	T1019		0580		10/17/13	10/17/13	36.00	151.92
263757	7	T1019		0580		10/18/13	10/18/13	36.00	151.92
CLAIM TOTAL									1,063.44

CLAIM ACCOUNT REF. 2637570012010991SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER ID = 55247                      HEALTH INSURANCE PLAN

263754	1	G0156	0572	10/12/13	10/12/13	12.00	171.00
263754	2	G0156	0572	10/13/13	10/13/13	12.00	171.00
263754	3	G0156	0572	10/14/13	10/14/13	9.00	128.25
263754	4	G0156	0572	10/15/13	10/15/13	9.00	128.25
263754	5	G0156	0572	10/16/13	10/16/13	9.00	128.25
263754	6	G0156	0572	10/17/13	10/17/13	9.00	128.25
263754	7	G0156	0572	10/18/13	10/18/13	9.00	128.25
CLAIM TOTAL							983.25
							CLAIM ACCOUNT REF. 2637540012011066SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
DIAGNOSIS CODES : 250.03 369.60 401.9 414.04 799.89 V60.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263755	1	T1019		0580		10/12/13	10/12/13	48.00	202.56
263755	2	T1019		0580		10/14/13	10/14/13	48.00	202.56
263755	3	T1019		0580		10/15/13	10/15/13	48.00	202.56
263755	4	T1019		0580		10/16/13	10/16/13	32.00	135.04
CLAIM TOTAL									742.72
									CLAIM ACCOUNT REF. 2637550012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0006625755  
DIAGNOSIS CODES : 715.90 250.00 272.4 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263759	1	T1019		0580		10/12/13	10/12/13	24.00	101.28
263759	2	T1019		0580		10/13/13	10/13/13	24.00	101.28
263759	3	T1019		0580		10/14/13	10/14/13	24.00	101.28
263759	4	T1019		0580		10/15/13	10/15/13	24.00	101.28
263759	5	T1019		0580		10/16/13	10/16/13	24.00	101.28
263759	6	T1019		0580		10/17/13	10/17/13	24.00	101.28
263759	7	T1019		0580		10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL									692.08
									CLAIM ACCOUNT REF. 2637590012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393  
DIAGNOSIS CODES : V61.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263760	1	T1019		0580		10/14/13	10/14/13	16.00	67.52
263760	2	T1019		0580		10/16/13	10/16/13	12.00	50.64

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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.
							118.16	2637600012013402SUP
						CLAIM TOTAL		

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009467	2013531	KEATON, CATHERINE	08/30/1923	WC81742E	0004298435
DIAGNOSIS CODES :				715.00    365.9    401.9    780.4    788.30			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263758	1	T1019	0580	10/11/13	10/11/13	96.00	405.12	
263758	2	T1019	0580	10/12/13	10/12/13	96.00	405.12	
263758	3	T1019	0580	10/13/13	10/13/13	96.00	405.12	
263758	4	T1019	0580	10/14/13	10/14/13	96.00	405.12	
263758	5	T1019	0580	10/15/13	10/15/13	96.00	405.12	
263758	6	T1019	0580	10/16/13	10/16/13	96.00	405.12	
263758	7	T1019	0580	10/17/13	10/17/13	96.00	405.12	
263758	8	T1019	0580	10/18/13	10/18/13	96.00	405.12	
						CLAIM TOTAL	3,240.96	2637580012013531SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013497	2013811	QUINTERO, ISAIAS	08/17/1945	PZ78774H	0006600227
DIAGNOSIS CODES :				250.00    244.9    368.9    401.9			
CLAIM REFERENCE #:				CLAIM FREQ: 1 (ORIGINAL)			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263761	1	T1019	0580	10/14/13	10/14/13	12.00	50.64	
263761	2	T1019	0580	10/16/13	10/16/13	12.00	50.64	
263761	3	T1019	0580	10/18/13	10/18/13	12.00	50.64	
						CLAIM TOTAL	151.92	2637610012013811SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	76	TOTAL CLAIM AMOUNT =	11,364.45
		# SERVICES =	16		

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NPI = 1154407492

PRIOR AUTHORIZATION #  
131610065

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2639000012010958SUP

PAYER TOTALS:	VNSNY CHOICE	# OF CLAIMS =	4	TOTAL CLAIM AMOUNT =	480.48
		# SERVICES =	1		

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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 2003639 2003639 WOO, LUZ 02/27/1931 ZT83637F 0104241301410  
DIAGNOSIS CODES : 492.0 212.3 213.2 223.0 311. 401.9 724.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263869	1	T1019		10/14/13	10/14/13	16.00	56.96
263869	2	T1019		10/15/13	10/15/13	16.00	56.96
263869	3	T1019		10/16/13	10/16/13	16.00	56.96
263869	4	T1019		10/17/13	10/17/13	16.00	56.96
263869	5	T1019		10/18/13	10/18/13	16.00	56.96
CLAIM TOTAL							284.80
CLAIM ACCOUNT REF.							2638690012003639SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004602 2004602 BROOKS, NATALIE 11/30/1940 QH90085M 0109171303950  
DIAGNOSIS CODES : 820.8 244.9 250.00 272.0 343.9 530.81 715.09  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263828	1	T1019		10/16/13	10/16/13	16.00	56.96
263828	2	T1019		10/17/13	10/17/13	24.00	85.44
263828	3	T1019		10/18/13	10/18/13	16.00	56.96
CLAIM TOTAL							199.36
CLAIM ACCOUNT REF.							2638280012004602SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005079 2005079 SIMON, LUPE 12/12/1934 YC26622R R2303923  
DIAGNOSIS CODES : 250.00 272.0 401.9 530.81 596.51 733.00 780.52 V44.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263863	1	T1019		10/15/13	10/15/13	16.00	56.96
CLAIM TOTAL							56.96
CLAIM ACCOUNT REF.							2638630012005079SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006762 2006762 MOROCHO, MANUEL 12/10/1914 TZ67231W 0104291302785  
DIAGNOSIS CODES : 369.00 462. 530.81 600.00 719.7 780.97  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263848	1	T1019		10/12/13	10/12/13	48.00	170.88
263848	2	T1019		10/13/13	10/13/13	48.00	170.88
263848	3	T1019		10/14/13	10/14/13	48.00	170.88
263848	4	T1019		10/15/13	10/15/13	48.00	170.88
263848	5	T1019		10/16/13	10/16/13	48.00	170.88



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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263848	6	T1019		10/17/13	10/17/13	48.00	170.88
263848	7	T1019		10/18/13	10/18/13	48.00	170.88
CLAIM TOTAL							1,196.16

CLAIM ACCOUNT REF.    2638480012006762SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007165    2007165    SIERRA, MIRIAM                      10/18/1953    YH89624C                      R2365310  
DIAGNOSIS CODES :    294.20    272.0    311.                      369.9    401.9                        
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263862	1	T1019		10/12/13	10/12/13	16.00	56.96
263862	2	T1019		10/13/13	10/13/13	16.00	56.96
263862	3	T1019		10/14/13	10/14/13	28.00	99.68
263862	4	T1019		10/15/13	10/15/13	32.00	113.92
263862	5	T1019		10/16/13	10/16/13	32.00	113.92
263862	6	T1019		10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL							555.36

CLAIM ACCOUNT REF.    2638620012007165SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007478    2007478    HARIDIN, KHAMATTIE                      04/19/1941    WS44546W                      R2252889  
DIAGNOSIS CODES :    715.90    135.    250.00    311.                      401.9    530.81    724.3                        
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263839	1	S5125		10/12/13	10/12/13	16.00	56.96
263839	2	S5125		10/13/13	10/13/13	16.00	56.96
263839	3	S5125		10/14/13	10/14/13	20.00	71.20
263839	4	S5125		10/15/13	10/15/13	20.00	71.20
263839	5	S5125		10/16/13	10/16/13	20.00	71.20
263839	6	S5125		10/17/13	10/17/13	20.00	71.20
263839	7	S5125		10/18/13	10/18/13	20.00	71.20
CLAIM TOTAL							469.92

CLAIM ACCOUNT REF.    2638390012007478SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2007477    2007590    HARIDIN, RAMDIAL                      08/08/1935    SE14035X                      R2362509  
DIAGNOSIS CODES :    331.0    250.00    366.00    401.9                      780.93    V12.59                        
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263840	1	S5125		10/12/13	10/12/13	80.00	284.80
263840	2	S5125		10/13/13	10/13/13	80.00	284.80
263840	3	S5125		10/14/13	10/14/13	76.00	270.56
263840	4	S5125		10/15/13	10/15/13	76.00	270.56

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263840	5	S5125		10/16/13	10/16/13	76.00	270.56	
263840	6	S5125		10/17/13	10/17/13	76.00	270.56	
263840	7	S5125		10/18/13	10/18/13	76.00	270.56	
							CLAIM TOTAL	1,922.40      CLAIM ACCOUNT REF. 2638400012007590SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235  
DIAGNOSIS CODES : 714.0 272.4 401.9 536.9 586. 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263713	1	T1019		10/12/13	10/12/13	44.00	185.68	
263713	2	T1019		10/13/13	10/13/13	44.00	185.68	
263713	3	T1019		10/14/13	10/14/13	44.00	185.68	
263713	4	T1019		10/15/13	10/15/13	44.00	185.68	
263713	5	T1019		10/16/13	10/16/13	44.00	185.68	
263713	6	T1019		10/17/13	10/17/13	44.00	185.68	
263713	7	T1019		10/18/13	10/18/13	44.00	185.68	
							CLAIM TOTAL	1,299.76      CLAIM ACCOUNT REF. 2637130012008249SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008250 2008250 SALAZAR, LUZ MARIA 02/19/1970 SC60317K R2270854  
DIAGNOSIS CODES : 952.9 564.81 596.54 806.05  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263723	1	T1019		10/12/13	10/12/13	32.00	135.04	
263723	2	T1019		10/13/13	10/13/13	32.00	135.04	
263723	3	T1019		10/15/13	10/15/13	32.00	135.04	
263723	4	T1019		10/16/13	10/16/13	32.00	135.04	
263723	5	T1019		10/17/13	10/17/13	32.00	135.04	
263723	6	T1019		10/18/13	10/18/13	32.00	135.04	
							CLAIM TOTAL	810.24      CLAIM ACCOUNT REF. 2637230012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2388879  
DIAGNOSIS CODES : 294.10 244.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263696	1	T1019		10/04/13	10/04/13	32.00	135.04	
263696	2	T1019		10/12/13	10/12/13	32.00	135.04	
263696	3	T1019		10/14/13	10/14/13	32.00	135.04	

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263696	4	T1019		10/15/13	10/15/13	32.00	135.04	
263696	5	T1019		10/16/13	10/16/13	32.00	135.04	
263696	6	T1019		10/17/13	10/17/13	32.00	135.04	
263696	7	T1019		10/18/13	10/18/13	32.00	135.04	
				CLAIM TOTAL			945.28	CLAIM ACCOUNT REF. 2636960012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R2428310  
DIAGNOSIS CODES : 359.0 719.45  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263714	1	T1019		10/12/13	10/12/13	48.00	202.56	
263714	2	T1019		10/13/13	10/13/13	48.00	202.56	
263714	3	T1019		10/14/13	10/14/13	48.00	202.56	
263714	4	T1019		10/15/13	10/15/13	48.00	202.56	
263714	5	T1019		10/16/13	10/16/13	48.00	202.56	
263714	6	T1019		10/17/13	10/17/13	48.00	202.56	
263714	7	T1019		10/18/13	10/18/13	48.00	202.56	
				CLAIM TOTAL			1,417.92	CLAIM ACCOUNT REF. 2637140012008253SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B 0104051303745  
DIAGNOSIS CODES : 250.00 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263727	1	T1019		10/14/13	10/14/13	32.00	135.04	
				CLAIM TOTAL			135.04	CLAIM ACCOUNT REF. 2637270012008254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104121301251  
DIAGNOSIS CODES : 294.8 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263694	1	T1019		10/14/13	10/14/13	16.00	67.52	
263694	2	T1019		10/15/13	10/15/13	24.00	101.28	
263694	3	T1019		10/16/13	10/16/13	20.00	84.40	
263694	4	T1019		10/17/13	10/17/13	32.00	135.04	
263694	5	T1019		10/18/13	10/18/13	32.00	135.04	
				CLAIM TOTAL			523.28	CLAIM ACCOUNT REF. 2636940012008256SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2458115  
DIAGNOSIS CODES : 249.70 362.50 401.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263724	1	T1019				10/04/13	10/04/13	32.00	135.04
263724	2	T1019				10/14/13	10/14/13	32.00	135.04
263724	3	T1019				10/15/13	10/15/13	32.00	135.04
263724	4	T1019				10/16/13	10/16/13	32.00	135.04
263724	5	T1019				10/17/13	10/17/13	32.00	135.04
263724	6	T1019				10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL									810.24

CLAIM ACCOUNT REF. 2637240012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R2259936  
DIAGNOSIS CODES : 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263722	1	T1019				10/14/13	10/14/13	16.00	67.52
263722	2	T1019				10/15/13	10/15/13	16.00	67.52
263722	3	T1019				10/16/13	10/16/13	16.00	67.52
263722	4	T1019				10/17/13	10/17/13	16.00	67.52
263722	5	T1019				10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL									337.60

CLAIM ACCOUNT REF. 2637220012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2421729  
DIAGNOSIS CODES : 401.9 443.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263705	1	T1019				10/12/13	10/12/13	32.00	135.04
263705	2	T1019				10/13/13	10/13/13	32.00	135.04
263705	3	T1019				10/14/13	10/14/13	32.00	135.04
263705	4	T1019				10/15/13	10/15/13	32.00	135.04
263705	5	T1019				10/16/13	10/16/13	32.00	135.04
263705	6	T1019				10/17/13	10/17/13	32.00	135.04
263705	7	T1019				10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL									945.28

CLAIM ACCOUNT REF. 2637050012008411SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2362824  
DIAGNOSIS CODES : 340. 286.0 311. 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263690	1	T1019				10/12/13	10/12/13	32.00	135.04
263690	2	T1019				10/13/13	10/13/13	32.00	135.04
263690	3	T1019				10/14/13	10/14/13	32.00	135.04
263690	4	T1019				10/15/13	10/15/13	32.00	135.04
263690	5	T1019				10/16/13	10/16/13	32.00	135.04
263690	6	T1019				10/17/13	10/17/13	32.00	135.04
263690	7	T1019				10/18/13	10/18/13	32.00	135.04

CLAIM TOTAL

945.28 CLAIM ACCOUNT REF. 2636900012008433SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263689	1	T1019				10/12/13	10/12/13	12.00	50.64
263689	2	T1019				10/14/13	10/14/13	20.00	84.40
263689	3	T1019				10/16/13	10/16/13	20.00	84.40
263689	4	T1019				10/17/13	10/17/13	20.00	84.40
263689	5	T1019				10/18/13	10/18/13	20.00	84.40

CLAIM TOTAL

388.24 CLAIM ACCOUNT REF. 2636890012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2464534  
DIAGNOSIS CODES : 401.9 272.0 311. 365.9 366.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263701	1	T1019				10/14/13	10/14/13	24.00	101.28
263701	2	T1019				10/15/13	10/15/13	24.00	101.28
263701	3	T1019				10/16/13	10/16/13	24.00	101.28
263701	4	T1019				10/17/13	10/17/13	24.00	101.28
263701	5	T1019				10/18/13	10/18/13	24.00	101.28

CLAIM TOTAL

506.40 CLAIM ACCOUNT REF. 2637010012008571SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008745    2008745    TORRESCAMPOS, JOVITA    02/15/1939    SK28000U                      R2430244  
DIAGNOSIS CODES :    463.    272.2    401.9    462.    V12.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263868	1	T1019				10/14/13	10/14/13	32.00	113.92
263868	2	T1019				10/15/13	10/15/13	32.00	113.92
263868	3	T1019				10/16/13	10/16/13	32.00	113.92
263868	4	T1019				10/17/13	10/17/13	32.00	113.92
263868	5	T1019				10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL									569.60

CLAIM ACCOUNT REF.    2638680012008745SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008919    2008919    COLON, RAYMUNDA    07/01/1939    ZQ72180D                      R2394992  
DIAGNOSIS CODES :    253.5    272.4    401.9    447.6  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263829	1	T1019				10/13/13	10/13/13	28.00	99.68
263829	2	T1019				10/14/13	10/14/13	28.00	99.68
263829	3	T1019				10/15/13	10/15/13	28.00	99.68
263829	4	T1019				10/16/13	10/16/13	28.00	99.68
263829	5	T1019				10/17/13	10/17/13	28.00	99.68
CLAIM TOTAL									498.40

CLAIM ACCOUNT REF.    2638290012008919SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008271    2009270    CARRION, MARIA    06/30/1928    SC64434E                      0104091302208  
DIAGNOSIS CODES :    250.00    294.10    401.9    V12.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263695	1	T1019				10/14/13	10/14/13	32.00	135.04
263695	2	T1019				10/15/13	10/15/13	32.00	135.04
263695	3	T1019				10/16/13	10/16/13	32.00	135.04
263695	4	T1019				10/17/13	10/17/13	32.00	135.04
263695	5	T1019				10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL									675.20

CLAIM ACCOUNT REF.    2636950012009270SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009442 2009442 GHILIOTTY, FLORENTINA 07/18/1927 ZN29900K R2300287  
DIAGNOSIS CODES : 427.9 250.00 272.0 366.00 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263837	1	T1019		10/12/13	10/12/13	20.00	71.20
263837	2	T1019		10/13/13	10/13/13	20.00	71.20
263837	3	T1019		10/14/13	10/14/13	20.00	71.20
263837	4	T1019		10/15/13	10/15/13	20.00	71.20
263837	5	T1019		10/16/13	10/16/13	20.00	71.20
263837	6	T1019		10/17/13	10/17/13	20.00	71.20
263837	7	T1019		10/18/13	10/18/13	20.00	71.20
CLAIM TOTAL							498.40

CLAIM ACCOUNT REF. 2638370012009442SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104251302988  
DIAGNOSIS CODES : 854.00 272.4 300.00 307.42 781.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263692	1	T1019		10/12/13	10/12/13	24.00	101.28
263692	2	T1019		10/13/13	10/13/13	24.00	101.28
263692	3	T1019		10/14/13	10/14/13	24.00	101.28
263692	4	T1019		10/15/13	10/15/13	24.00	101.28
263692	5	T1019		10/16/13	10/16/13	20.00	84.40
263692	6	T1019		10/17/13	10/17/13	24.00	101.28
263692	7	T1019		10/18/13	10/18/13	24.00	101.28
CLAIM TOTAL							692.08

CLAIM ACCOUNT REF. 2636920012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J 0108211301415  
DIAGNOSIS CODES : 340. 250.00 272.2 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263733	1	T1019		10/07/13	10/07/13	32.00	135.04
263733	2	T1019		10/08/13	10/08/13	32.00	135.04
263733	3	T1019		10/09/13	10/09/13	32.00	135.04
263733	4	T1019		10/10/13	10/10/13	32.00	135.04
263733	5	T1019		10/11/13	10/11/13	32.00	135.04
263733	6	T1019		10/14/13	10/14/13	32.00	135.04
263733	7	T1019		10/15/13	10/15/13	32.00	135.04
263733	8	T1019		10/16/13	10/16/13	32.00	135.04

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263733	9	T1019		10/17/13	10/17/13	32.00	135.04	
263733	10	T1019		10/18/13	10/18/13	32.00	135.04	
				CLAIM TOTAL		1,350.40		CLAIM ACCOUNT REF. 2637330012010009SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008299	2010311	LAZALA, GLADYS	02/03/1950	ZT39863D	R2308248
DIAGNOSIS CODES :		340.	250.00	278.00	401.9	440.9	781.2
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263711	1	T1019		09/16/13	09/16/13	48.00	202.56	
263711	2	T1019		09/17/13	09/17/13	48.00	202.56	
263711	3	T1019		09/18/13	09/18/13	48.00	202.56	
263711	4	T1019		09/19/13	09/19/13	48.00	202.56	
263711	5	T1019		09/20/13	09/20/13	48.00	202.56	
263711	6	T1019		09/21/13	09/21/13	48.00	202.56	
263711	7	T1019		09/22/13	09/22/13	48.00	202.56	
263711	8	T1019		09/23/13	09/23/13	48.00	202.56	
263711	9	T1019		09/24/13	09/24/13	48.00	202.56	
263711	10	T1019		09/25/13	09/25/13	48.00	202.56	
263711	11	T1019		09/26/13	09/26/13	48.00	202.56	
263711	12	T1019		09/27/13	09/27/13	48.00	202.56	
263711	13	T1019		09/28/13	09/28/13	48.00	202.56	
263711	14	T1019		09/29/13	09/29/13	48.00	202.56	
263711	15	T1019		09/30/13	09/30/13	48.00	202.56	
263711	16	T1019		10/02/13	10/02/13	48.00	202.56	
263711	17	T1019		10/03/13	10/03/13	48.00	202.56	
263711	18	T1019		10/04/13	10/04/13	48.00	202.56	
263711	19	T1019		10/05/13	10/05/13	48.00	202.56	
263711	20	T1019		10/07/13	10/07/13	48.00	202.56	
263711	21	T1019		10/08/13	10/08/13	48.00	202.56	
263711	22	T1019		10/09/13	10/09/13	48.00	202.56	
263711	23	T1019		10/10/13	10/10/13	48.00	202.56	
263711	24	T1019		10/11/13	10/11/13	48.00	202.56	
263711	25	T1019		10/12/13	10/12/13	48.00	202.56	
263711	26	T1019		10/13/13	10/13/13	44.00	185.68	
263711	27	T1019		10/14/13	10/14/13	48.00	202.56	
263711	28	T1019		10/15/13	10/15/13	48.00	202.56	
263711	29	T1019		10/16/13	10/16/13	48.00	202.56	
263711	30	T1019		10/17/13	10/17/13	48.00	202.56	
263711	31	T1019		10/18/13	10/18/13	48.00	202.56	
				CLAIM TOTAL		6,262.48		CLAIM ACCOUNT REF. 2637110012010311SUP



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REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R2495992  
DIAGNOSIS CODES : 311. 244.9 253.5 401.9 429.9 493.90 948.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263732	1	T1019		10/05/13	10/05/13	20.00	84.40
263732	2	T1019		10/10/13	10/10/13	20.00	84.40
263732	3	T1019		10/12/13	10/12/13	20.00	84.40
263732	4	T1019		10/13/13	10/13/13	20.00	84.40
263732	5	T1019		10/17/13	10/17/13	20.00	84.40
263732	6	T1019		10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL							506.40
CLAIM ACCOUNT REF.							2637320012010758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008378 2011528 BOWERS \*, DIANE 10/01/1946 129232187 R2207419  
DIAGNOSIS CODES : 250.11 300.02 410.90 413.9 428.0 440.9 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263693	1	T1019		10/14/13	10/14/13	40.00	168.80
263693	2	T1019		10/15/13	10/15/13	40.00	168.80
263693	3	T1019		10/16/13	10/16/13	40.00	168.80
263693	4	T1019		10/17/13	10/17/13	40.00	168.80
263693	5	T1019		10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2636930012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011790 2011790 SALICRUP, CARMEN 08/27/1933 UM62649X R2421671  
DIAGNOSIS CODES : 250.93 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263860	1	T1019		10/14/13	10/14/13	16.00	56.96
263860	2	T1019		10/16/13	10/16/13	16.00	56.96
263860	3	T1019		10/18/13	10/18/13	16.00	56.96
CLAIM TOTAL							170.88
CLAIM ACCOUNT REF.							2638600012011790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011791 2011791 PERALTA, ANTONIO 06/27/1946 WD92450J R2341378  
DIAGNOSIS CODES : 331.0 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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263851	1	T1019	10/14/13	10/14/13	32.00	113.92
263851	2	T1019	10/15/13	10/15/13	32.00	113.92
263851	3	T1019	10/16/13	10/16/13	32.00	113.92
263851	4	T1019	10/17/13	10/17/13	32.00	113.92
263851	5	T1019	10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL						569.60
						CLAIM ACCOUNT REF. 2638510012011791SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011792 2011792 RIVERA, BRIGIDA 02/01/1926 ZT21439N 0107011302907  
DIAGNOSIS CODES : 401.9 272.4 311. 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263856	1	T1019				10/06/13	10/06/13	16.00	56.96
263856	2	T1019				10/12/13	10/12/13	16.00	56.96
263856	3	T1019				10/13/13	10/13/13	16.00	56.96
263856	4	T1019				10/14/13	10/14/13	36.00	128.16
263856	5	T1019				10/15/13	10/15/13	32.00	113.92
263856	6	T1019				10/16/13	10/16/13	32.00	113.92
263856	7	T1019				10/17/13	10/17/13	36.00	128.16
263856	8	T1019				10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL									768.96
									CLAIM ACCOUNT REF. 2638560012011792SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011795 2011795 SOTO, AGRIPINA 12/01/1919 YY63880T 0109101301358  
DIAGNOSIS CODES : 493.92 244.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263865	1	T1019				10/14/13	10/14/13	8.00	28.48
263865	2	T1019				10/15/13	10/15/13	12.00	42.72
263865	3	T1019				10/16/13	10/16/13	24.00	85.44
263865	4	T1019				10/17/13	10/17/13	24.00	85.44
CLAIM TOTAL									242.08
									CLAIM ACCOUNT REF. 2638650012011795SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011796 2011796 ROSA, CARMEN 06/16/1945 VH41068Z R2320780  
DIAGNOSIS CODES : 715.90 295.70  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263858	1	T1019				10/02/13	10/02/13	20.00	71.20
263858	2	T1019				10/14/13	10/14/13	32.00	113.92
263858	3	T1019				10/15/13	10/15/13	28.00	99.68

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INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263858	4	T1019		10/16/13	10/16/13	20.00	71.20
CLAIM TOTAL							356.00
							CLAIM ACCOUNT REF. 2638580012011796SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2374924  
DIAGNOSIS CODES : 952.9 344.9 596.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263728	1	T1019		10/12/13	10/12/13	32.00	135.04
263728	2	T1019		10/13/13	10/13/13	32.00	135.04
263728	3	T1019		10/15/13	10/15/13	40.00	168.80
263728	4	T1019		10/16/13	10/16/13	40.00	168.80
263728	5	T1019		10/17/13	10/17/13	40.00	168.80
263728	6	T1019		10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL							945.28
							CLAIM ACCOUNT REF. 2637280012011820SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011867 2011867 GOODWIN, CLYDE 09/20/1925 RF40230A R2345549  
DIAGNOSIS CODES : 362.50 272.4 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263838	1	T1019		10/05/13	10/05/13	40.00	142.40
263838	2	T1019		10/06/13	10/06/13	40.00	142.40
263838	3	T1019		10/11/13	10/11/13	40.00	142.40
263838	4	T1019		10/12/13	10/12/13	40.00	142.40
263838	5	T1019		10/13/13	10/13/13	40.00	142.40
263838	6	T1019		10/14/13	10/14/13	40.00	142.40
263838	7	T1019		10/15/13	10/15/13	40.00	142.40
263838	8	T1019		10/16/13	10/16/13	40.00	142.40
263838	9	T1019		10/17/13	10/17/13	40.00	142.40
263838	10	T1019		10/18/13	10/18/13	40.00	142.40
CLAIM TOTAL							1,424.00
							CLAIM ACCOUNT REF. 2638380012011867SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011868 2011868 DEJESUS, YSABEL 11/13/1934 VP60263T R2402920  
DIAGNOSIS CODES : 428.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263831	1	T1019		10/15/13	10/15/13	16.00	56.96
263831	2	T1019		10/16/13	10/16/13	16.00	56.96

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PAYER       ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263831	3	T1019		10/17/13	10/17/13	16.00	56.96	
263831	4	T1019		10/18/13	10/18/13	16.00	56.96	
				CLAIM TOTAL			227.84	CLAIM ACCOUNT REF.    2638310012011868SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011884    2011884    SIERRA, DOMINGA                      07/01/1933    YH21412B                      R2363274  
DIAGNOSIS CODES :    250.00    272.4    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263861	1	T1019		10/14/13	10/14/13	32.00	113.92	
263861	2	T1019		10/15/13	10/15/13	32.00	113.92	
263861	3	T1019		10/16/13	10/16/13	32.00	113.92	
263861	4	T1019		10/17/13	10/17/13	32.00	113.92	
263861	5	T1019		10/18/13	10/18/13	32.00	113.92	
				CLAIM TOTAL			569.60	CLAIM ACCOUNT REF.    2638610012011884SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011885    2011885    TORRES, JOSE                      06/23/1938    WB42614P                      R2440069  
DIAGNOSIS CODES :    493.91    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263867	1	T1019		10/14/13	10/14/13	16.00	56.96	
263867	2	T1019		10/15/13	10/15/13	16.00	56.96	
263867	3	T1019		10/16/13	10/16/13	16.00	56.96	
263867	4	T1019		10/17/13	10/17/13	16.00	56.96	
263867	5	T1019		10/18/13	10/18/13	16.00	56.96	
				CLAIM TOTAL			284.80	CLAIM ACCOUNT REF.    2638670012011885SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011887    2011887    ROSADO, CARMEN                      01/20/1919    ZT37222K                      R2475095  
DIAGNOSIS CODES :    733.09    274.00    362.50    401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263859	1	T1019		10/14/13	10/14/13	48.00	170.88	
263859	2	T1019		10/15/13	10/15/13	48.00	170.88	
263859	3	T1019		10/16/13	10/16/13	48.00	170.88	
263859	4	T1019		10/17/13	10/17/13	48.00	170.88	
263859	5	T1019		10/18/13	10/18/13	48.00	170.88	
				CLAIM TOTAL			854.40	CLAIM ACCOUNT REF.    2638590012011887SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011914 2011914 TORRES, ANTONIA 10/24/1924 ZM49732K 0108231303228  
DIAGNOSIS CODES : 331.0 272.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263866	1	T1020		10/12/13	10/12/13	1.00	200.00
263866	2	T1020		10/13/13	10/13/13	1.00	200.00
263866	3	T1020		10/14/13	10/14/13	1.00	200.00
263866	4	T1020		10/15/13	10/15/13	1.00	200.00
263866	5	T1020		10/16/13	10/16/13	1.00	200.00
263866	6	T1020		10/17/13	10/17/13	1.00	200.00
263866	7	T1020		10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL						1,400.00	

CLAIM ACCOUNT REF. 2638660012011914SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011943 2011943 CUEVA, RAFAELA 05/26/1934 WF24218W R2249691  
DIAGNOSIS CODES : 294.10 429.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263830	1	T1019		10/12/13	10/12/13	48.00	170.88
263830	2	T1019		10/13/13	10/13/13	48.00	170.88
263830	3	T1019		10/14/13	10/14/13	48.00	170.88
263830	4	T1019		10/15/13	10/15/13	48.00	170.88
263830	5	T1019		10/16/13	10/16/13	48.00	170.88
263830	6	T1019		10/17/13	10/17/13	48.00	170.88
263830	7	T1019		10/18/13	10/18/13	48.00	170.88
CLAIM TOTAL						1,196.16	

CLAIM ACCOUNT REF. 2638300012011943SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011950 2011950 RAMOS, ISABEL 03/27/1928 WF45444N R2494578  
DIAGNOSIS CODES : V56.8 253.5 785.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263855	1	T1019		10/12/13	10/12/13	16.00	56.96
263855	2	T1019		10/14/13	10/14/13	28.00	99.68
263855	3	T1019		10/15/13	10/15/13	32.00	113.92
263855	4	T1019		10/16/13	10/16/13	28.00	99.68
263855	5	T1019		10/17/13	10/17/13	32.00	113.92
263855	6	T1019		10/18/13	10/18/13	28.00	99.68
CLAIM TOTAL						583.84	

CLAIM ACCOUNT REF. 2638550012011950SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011961 2011961 MARTINEZ 2, EMMA 10/17/1944 ZK99698A 0106211302516  
DIAGNOSIS CODES : 401.9 244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263843	1	T1019			10/13/13	10/13/13	16.00	56.96	
							CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2638430012011961SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011961 2011962 MARTINEZ 2, EMMA 10/17/1944 ZK99698A R2338273  
DIAGNOSIS CODES : 401.9 244.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263844	1	S5130			10/16/13	10/16/13	16.00	56.96	
							CLAIM TOTAL	56.96	CLAIM ACCOUNT REF. 2638440012011962SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011964 2011964 FULLER, WILLIAM 09/28/1935 YX25158Y R2361055  
DIAGNOSIS CODES : 250.01 331.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263836	1	T1019			10/12/13	10/12/13	40.00	142.40	
263836	2	T1019			10/13/13	10/13/13	40.00	142.40	
263836	3	T1019			10/14/13	10/14/13	40.00	142.40	
263836	4	T1019			10/15/13	10/15/13	40.00	142.40	
263836	5	T1019			10/16/13	10/16/13	40.00	142.40	
263836	6	T1019			10/17/13	10/17/13	40.00	142.40	
263836	7	T1019			10/18/13	10/18/13	40.00	142.40	
							CLAIM TOTAL	996.80	CLAIM ACCOUNT REF. 2638360012011964SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011966 2011966 MATOS, AUREA 10/19/1927 TG62448J 0108261301887  
DIAGNOSIS CODES : V44.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263846	1	T1019			10/12/13	10/12/13	24.00	85.44	
263846	2	T1019			10/13/13	10/13/13	24.00	85.44	
							CLAIM TOTAL	170.88	CLAIM ACCOUNT REF. 2638460012011966SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011991 2011991 HARLEY, ETHEL 01/24/1939 ZP72741M R2331024  
DIAGNOSIS CODES : 250.03 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263841	1	T1019		10/16/13	10/16/13	16.00	56.96
263841	2	T1019		10/17/13	10/17/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2638410012011991SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011997 2011997 OSBORNE, DOROTHY 01/04/1931 VK20601M 0108221303049  
DIAGNOSIS CODES : 427.31 250.00 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263850	1	T1019		10/12/13	10/12/13	24.00	85.44
263850	2	T1019		10/14/13	10/14/13	24.00	85.44
263850	3	T1019		10/15/13	10/15/13	24.00	85.44
263850	4	T1019		10/16/13	10/16/13	24.00	85.44
263850	5	T1019		10/17/13	10/17/13	24.00	85.44
263850	6	T1019		10/18/13	10/18/13	24.00	85.44
CLAIM TOTAL							512.64

CLAIM ACCOUNT REF. 2638500012011997SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012032 2012032 ORTIZ, SANTIAGO 04/12/1936 ZA54595T R2485006  
DIAGNOSIS CODES : 294.10 250.00 272.4 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263849	1	T1019		10/14/13	10/14/13	40.00	142.40
263849	2	T1019		10/15/13	10/15/13	40.00	142.40
263849	3	T1019		10/16/13	10/16/13	40.00	142.40
263849	4	T1019		10/17/13	10/17/13	40.00	142.40
263849	5	T1019		10/18/13	10/18/13	40.00	142.40
CLAIM TOTAL							712.00

CLAIM ACCOUNT REF. 2638490012012032SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012039 2012039 ESTRADA, MIRIAM 01/09/1947 ZX12851A R2286465  
DIAGNOSIS CODES : 493.92 253.5 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263833	1	T1019		10/12/13	10/12/13	16.00	56.96

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263833	2	T1019		10/14/13	10/14/13	32.00	113.92
263833	3	T1019		10/15/13	10/15/13	32.00	113.92
263833	4	T1019		10/16/13	10/16/13	32.00	113.92
263833	5	T1019		10/17/13	10/17/13	32.00	113.92
263833	6	T1019		10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL							626.56

CLAIM ACCOUNT REF. 2638330012012039SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012041 2012041 ESCANIO, ANTONIO 06/13/1937 ST38273T R2333071  
DIAGNOSIS CODES : 250.00 272.2 365.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263832	1	T1019		10/13/13	10/13/13	16.00	56.96
263832	2	T1019		10/15/13	10/15/13	8.00	28.48
263832	3	T1019		10/17/13	10/17/13	8.00	28.48
263832	4	T1019		10/18/13	10/18/13	8.00	28.48
CLAIM TOTAL							142.40

CLAIM ACCOUNT REF. 2638320012012041SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012042 2012042 MARTINEZ, ROSARIO 07/25/1951 XE62541Y 0104301301154  
DIAGNOSIS CODES : 493.92 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263845	1	T1019		10/12/13	10/12/13	16.00	56.96
263845	2	T1019		10/15/13	10/15/13	16.00	56.96
CLAIM TOTAL							113.92

CLAIM ACCOUNT REF. 2638450012012042SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012063 2012063 MALDONADO, MARIA 10/15/1920 ZN07021G 0104221302747  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263842	1	T1020		10/12/13	10/12/13	1.00	200.00
263842	2	T1020		10/13/13	10/13/13	1.00	200.00
263842	3	T1020		10/14/13	10/14/13	1.00	200.00
263842	4	T1020		10/15/13	10/15/13	1.00	200.00
263842	5	T1020		10/16/13	10/16/13	1.00	200.00
263842	6	T1020		10/17/13	10/17/13	1.00	200.00
263842	7	T1020		10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2638420012012063SUP



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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012064 2012064 MAYNARD, LILLIAN 03/01/1947 ZH47128X R2292790  
DIAGNOSIS CODES : 253.5 401.9 493.92  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263847	1	T1019				10/14/13	10/14/13	20.00	71.20
263847	2	T1019				10/15/13	10/15/13	20.00	71.20
263847	3	T1019				10/16/13	10/16/13	20.00	71.20
263847	4	T1019				10/17/13	10/17/13	20.00	71.20
263847	5	T1019				10/18/13	10/18/13	20.00	71.20
CLAIM TOTAL									356.00
CLAIM ACCOUNT REF.									2638470012012064SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012127 2012127 ZAPATA, SIMON 05/26/1926 UA23241S R2350814  
DIAGNOSIS CODES : 414.04 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263870	1	T1019				10/14/13	10/14/13	16.00	56.96
263870	2	T1019				10/16/13	10/16/13	16.00	56.96
263870	3	T1019				10/18/13	10/18/13	16.00	56.96
CLAIM TOTAL									170.88
CLAIM ACCOUNT REF.									2638700012012127SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012208 2012208 RODRIGUEZ, PAULA 03/21/1929 XZ33242G R2238025  
DIAGNOSIS CODES : 294.10 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263857	1	T1020				10/12/13	10/12/13	1.00	200.00
263857	2	T1020				10/13/13	10/13/13	1.00	200.00
263857	3	T1020				10/14/13	10/14/13	1.00	200.00
263857	4	T1020				10/15/13	10/15/13	1.00	200.00
263857	5	T1020				10/17/13	10/17/13	1.00	200.00
263857	6	T1020				10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL									1,200.00
CLAIM ACCOUNT REF.									2638570012012208SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012245 2012245 POLANCO, ANTONIA 11/10/1942 TH54120S R2307774  
DIAGNOSIS CODES : 401.9 272.2 331.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER ID = 80141                      HEALTHFIRST PHSP

263852	1	T1019	10/12/13	10/12/13	16.00	56.96
263852	2	T1019	10/13/13	10/13/13	16.00	56.96
263852	3	T1019	10/14/13	10/14/13	16.00	56.96
263852	4	T1019	10/15/13	10/15/13	16.00	56.96
263852	5	T1019	10/16/13	10/16/13	16.00	56.96
263852	6	T1019	10/17/13	10/17/13	16.00	56.96
CLAIM TOTAL						341.76
						CLAIM ACCOUNT REF. 2638520012012245SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012246 2012246 POLANCO, RAMON 02/08/1925 XH93227Q R2307817  
DIAGNOSIS CODES : 250.00 401.9 414.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263853	1	T1019			10/12/13	10/12/13	8.00	28.48
263853	2	T1019			10/13/13	10/13/13	8.00	28.48
263853	3	T1019			10/14/13	10/14/13	8.00	28.48
263853	4	T1019			10/15/13	10/15/13	8.00	28.48
263853	5	T1019			10/16/13	10/16/13	8.00	28.48
263853	6	T1019			10/17/13	10/17/13	8.00	28.48
CLAIM TOTAL								170.88
								CLAIM ACCOUNT REF. 2638530012012246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012284 2012284 REINOSO, EMELIANNA 12/26/1931 115451707 0109191301524  
DIAGNOSIS CODES : 337.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263719	1	T1019			10/12/13	10/12/13	40.00	168.80
263719	2	T1019			10/13/13	10/13/13	40.00	168.80
263719	3	T1019			10/14/13	10/14/13	40.00	168.80
263719	4	T1019			10/15/13	10/15/13	40.00	168.80
263719	5	T1019			10/16/13	10/16/13	40.00	168.80
263719	6	T1019			10/17/13	10/17/13	40.00	168.80
263719	7	T1019			10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL								1,181.60
								CLAIM ACCOUNT REF. 2637190012012284SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008651 2012334 APOSTOLOVA, LJUBKA 02/07/1944 RS76119U R2316572  
DIAGNOSIS CODES : 331.0 311. 715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263827	1	T1019			10/05/13	10/05/13	48.00	170.88

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PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263827	2	T1019		10/06/13	10/06/13	48.00	170.88
263827	3	T1019		10/07/13	10/07/13	48.00	170.88
263827	4	T1019		10/08/13	10/08/13	48.00	170.88
263827	5	T1019		10/09/13	10/09/13	48.00	170.88
263827	6	T1019		10/12/13	10/12/13	48.00	170.88
263827	7	T1019		10/13/13	10/13/13	48.00	170.88
263827	8	T1019		10/14/13	10/14/13	48.00	170.88
263827	9	T1019		10/15/13	10/15/13	48.00	170.88
263827	10	T1019		10/16/13	10/16/13	48.00	170.88
CLAIM TOTAL						1,708.80	

CLAIM ACCOUNT REF. 2638270012012334SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011495 2012478 ISKANDER, JACOB S 04/14/1949 YS88012Z R2296271  
DIAGNOSIS CODES : 748.60 253.5 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263708	1	T1019		10/12/13	10/12/13	32.00	135.04
263708	2	T1019		10/13/13	10/13/13	32.00	135.04
263708	3	T1019		10/14/13	10/14/13	32.00	135.04
263708	4	T1019		10/15/13	10/15/13	32.00	135.04
263708	5	T1019		10/16/13	10/16/13	32.00	135.04
263708	6	T1019		10/17/13	10/17/13	32.00	135.04
263708	7	T1019		10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL						945.28	

CLAIM ACCOUNT REF. 2637080012012478SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012477 2012489 BLANCO, CARMELINA 08/19/1940 112990683 0109181303335  
DIAGNOSIS CODES : 715.90 250.00 272.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263691	1	T1019		10/14/13	10/14/13	16.00	67.52
263691	2	T1019		10/15/13	10/15/13	16.00	67.52
263691	3	T1019		10/16/13	10/16/13	16.00	67.52
263691	4	T1019		10/17/13	10/17/13	16.00	67.52
263691	5	T1019		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL						337.60	

CLAIM ACCOUNT REF. 2636910012012489SUP

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PAYER ID = 80141                      HEALTHFIRST PHSP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012498 2012498 SCHOONMAKER, JEAN 01/16/1944 116703035 0110091302814  
DIAGNOSIS CODES : 296.22 724.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263725	1	T1019		10/12/13	10/12/13	36.00	151.92
263725	2	T1019		10/14/13	10/14/13	36.00	151.92
263725	3	T1019		10/15/13	10/15/13	36.00	151.92
263725	4	T1019		10/16/13	10/16/13	36.00	151.92
263725	5	T1019		10/17/13	10/17/13	36.00	151.92
263725	6	T1019		10/18/13	10/18/13	36.00	151.92
CLAIM TOTAL							911.52

CLAIM ACCOUNT REF. 2637250012012498SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P 0103141301902  
DIAGNOSIS CODES : 253.5 493.92 V45.11  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263730	1	T1019		10/02/13	10/02/13	20.00	84.40
263730	2	T1019		10/08/13	10/08/13	32.00	135.04
263730	3	T1019		10/12/13	10/12/13	32.00	135.04
263730	4	T1019		10/14/13	10/14/13	20.00	84.40
263730	5	T1019		10/15/13	10/15/13	32.00	135.04
263730	6	T1019		10/16/13	10/16/13	20.00	84.40
263730	7	T1019		10/17/13	10/17/13	32.00	135.04
263730	8	T1019		10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL							877.76

CLAIM ACCOUNT REF. 2637300012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006897 2012951 ALVAREZ, ANGELA 05/20/1942 ZU470227 R2474296  
DIAGNOSIS CODES : 311. 401.9 462. 715.00 780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263825	1	T1019		10/14/13	10/14/13	16.00	56.96
CLAIM TOTAL							56.96

CLAIM ACCOUNT REF. 2638250012012951SUP

REPORT DATE 10/23/13                      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    2008284    2012973    ANDERSON, BETH                      12/18/1947    YC43135F                      R2481734  
DIAGNOSIS CODES :    340.            286.0            311.            401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263826	1	T1019		10/12/13	10/12/13	32.00	113.92
263826	2	T1019		10/13/13	10/13/13	32.00	113.92
263826	3	T1019		10/14/13	10/14/13	32.00	113.92
263826	4	T1019		10/15/13	10/15/13	32.00	113.92
263826	5	T1019		10/17/13	10/17/13	32.00	113.92
263826	6	T1019		10/18/13	10/18/13	32.00	113.92
CLAIM TOTAL							683.52

CLAIM ACCOUNT REF.    2638260012012973SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2005079    2013439    SIMON, LUPE                      12/12/1934    YC26622R                      0105311301339  
DIAGNOSIS CODES :    250.00            272.0            401.9            530.81            596.51            733.00            780.52            V44.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263864	1	T1019		09/18/13	09/18/13	16.00	56.96
263864	2	T1019		10/12/13	10/12/13	16.00	56.96
263864	3	T1019		10/14/13	10/14/13	16.00	56.96
263864	4	T1019		10/16/13	10/16/13	16.00	56.96
263864	5	T1019		10/18/13	10/18/13	16.00	56.96
CLAIM TOTAL							284.80

CLAIM ACCOUNT REF.    2638640012013439SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010143    2013448    AHMED, UMARA                      11/15/1985    XK51476N                      R2412138  
DIAGNOSIS CODES :    335.19            695.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263688	1	T1019		10/04/13	10/04/13	32.00	135.04
263688	2	T1019		10/12/13	10/12/13	32.00	135.04
263688	3	T1019		10/13/13	10/13/13	32.00	135.04
263688	4	T1019		10/14/13	10/14/13	32.00	135.04
263688	5	T1019		10/15/13	10/15/13	32.00	135.04
263688	6	T1019		10/16/13	10/16/13	32.00	135.04
263688	7	T1019		10/17/13	10/17/13	32.00	135.04
263688	8	T1019		10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL							1,029.68

CLAIM ACCOUNT REF.    2636880012013448SUP

REPORT DATE 10/23/13                      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 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665  
DIAGNOSIS CODES : 340. 285.8 311. 596.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263698	1	T1019			10/12/13	10/12/13	48.00	202.56
263698	2	T1019			10/13/13	10/13/13	48.00	202.56
263698	3	T1019			10/14/13	10/14/13	48.00	202.56
263698	4	T1019			10/15/13	10/15/13	48.00	202.56
263698	5	T1019			10/16/13	10/16/13	48.00	202.56
263698	6	T1019			10/17/13	10/17/13	48.00	202.56
263698	7	T1019			10/18/13	10/18/13	48.00	202.56

CLAIM TOTAL

1,417.92 CLAIM ACCOUNT REF. 2636980012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D R2397419  
DIAGNOSIS CODES : V02.62 300.00 401.9 719.89 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263699	1	T1019			10/14/13	10/14/13	16.00	67.52
263699	2	T1019			10/15/13	10/15/13	24.00	101.28
263699	3	T1019			10/16/13	10/16/13	24.00	101.28
263699	4	T1019			10/17/13	10/17/13	24.00	101.28
263699	5	T1019			10/18/13	10/18/13	24.00	101.28

CLAIM TOTAL

472.64 CLAIM ACCOUNT REF. 2636990012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 0107111301569  
DIAGNOSIS CODES : 250.00 272.2 493.00 536.9 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263703	1	T1019			10/16/13	10/16/13	16.00	67.52
263703	2	T1019			10/17/13	10/17/13	16.00	67.52

CLAIM TOTAL

135.04 CLAIM ACCOUNT REF. 2637030012013454SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008427 2013455 FLORES, MARITZA 09/26/1953 ZG96532J R2303561  
DIAGNOSIS CODES : 427.31 278.01 285.9 311. 425.8 799.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = 80141                      HEALTHFIRST PHSP

263704	1	T1019	10/10/13	10/10/13	40.00	168.80
263704	2	T1019	10/12/13	10/12/13	40.00	168.80
263704	3	T1019	10/13/13	10/13/13	40.00	168.80
263704	4	T1019	10/14/13	10/14/13	40.00	168.80
263704	5	T1019	10/15/13	10/15/13	40.00	168.80
263704	6	T1019	10/16/13	10/16/13	40.00	168.80
263704	7	T1019	10/17/13	10/17/13	40.00	168.80
263704	8	T1019	10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL						1,350.40
CLAIM ACCOUNT REF.						2637040012013455SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009356 2013459 KHAN, FARUQUE 02/08/1949 VM87355G 0108141301565  
DIAGNOSIS CODES : 696.8 253.5 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263709	1	T1019				10/15/13	10/15/13	40.00	168.80
263709	2	T1019				10/16/13	10/16/13	40.00	168.80
263709	3	T1019				10/17/13	10/17/13	40.00	168.80
263709	4	T1019				10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL									675.20
CLAIM ACCOUNT REF.									2637090012013459SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008742 2013461 KROLL, KATHERINE 09/22/1949 ZQ14882N 0107051302820  
DIAGNOSIS CODES : 340. 244.8 272.0 311. 386.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263710	1	T1019				10/14/13	10/14/13	28.00	118.16
263710	2	T1019				10/15/13	10/15/13	28.00	118.16
263710	3	T1019				10/16/13	10/16/13	28.00	118.16
263710	4	T1019				10/17/13	10/17/13	28.00	118.16
263710	5	T1019				10/18/13	10/18/13	28.00	118.16
CLAIM TOTAL									590.80
CLAIM ACCOUNT REF.									2637100012013461SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008263 2013462 MORALES HERNANDEZ, EDW 10/28/1952 XV26396D 0107171301672  
DIAGNOSIS CODES : 344.1 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263715	1	T1019				10/12/13	10/12/13	24.00	101.28
263715	2	T1019				10/13/13	10/13/13	24.00	101.28
263715	3	T1019				10/14/13	10/14/13	24.00	101.28

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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
263715	4	T1019		10/15/13	10/15/13	24.00	101.28
263715	5	T1019		10/16/13	10/16/13	24.00	101.28
263715	6	T1019		10/17/13	10/17/13	24.00	101.28
263715	7	T1019		10/18/13	10/18/13	24.00	101.28
CLAIM TOTAL							708.96

CLAIM ACCOUNT REF. 2637150012013462SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008422 2013463 MOSKOWITZ, RONA 02/16/1952 ZK67666G 0105301304334  
DIAGNOSIS CODES : 799.89 401.9 493.92 729.0 V02.62  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263716	1	T1019		10/01/13	10/01/13	24.00	101.28
263716	2	T1019		10/12/13	10/12/13	24.00	101.28
263716	3	T1019		10/14/13	10/14/13	24.00	101.28
263716	4	T1019		10/15/13	10/15/13	24.00	101.28
263716	5	T1019		10/16/13	10/16/13	24.00	101.28
263716	6	T1019		10/17/13	10/17/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2637160012013463SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W 0105301305552  
DIAGNOSIS CODES : 250.00 278.00 300.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263717	1	T1019		09/10/13	09/10/13	24.00	101.28
263717	2	T1019		09/11/13	09/11/13	24.00	101.28
263717	3	T1019		09/12/13	09/12/13	24.00	101.28
263717	4	T1019		09/13/13	09/13/13	24.00	101.28
263717	5	T1019		09/16/13	09/16/13	24.00	101.28
263717	6	T1019		09/17/13	09/17/13	24.00	101.28
263717	7	T1019		09/18/13	09/18/13	24.00	101.28
263717	8	T1019		09/19/13	09/19/13	24.00	101.28
263717	9	T1019		09/20/13	09/20/13	24.00	101.28
263717	10	T1019		09/23/13	09/23/13	24.00	101.28
263717	11	T1019		09/24/13	09/24/13	24.00	101.28
263717	12	T1019		09/25/13	09/25/13	24.00	101.28
263717	13	T1019		09/26/13	09/26/13	24.00	101.28
263717	14	T1019		09/27/13	09/27/13	24.00	101.28
263717	15	T1019		09/30/13	09/30/13	24.00	101.28
263717	16	T1019		10/01/13	10/01/13	24.00	101.28
263717	17	T1019		10/02/13	10/02/13	24.00	101.28



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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	
263717	18	T1019		10/03/13	10/03/13	24.00	101.28	
263717	19	T1019		10/04/13	10/04/13	24.00	101.28	
263717	20	T1019		10/07/13	10/07/13	24.00	101.28	
263717	21	T1019		10/08/13	10/08/13	24.00	101.28	
263717	22	T1019		10/09/13	10/09/13	24.00	101.28	
263717	23	T1019		10/10/13	10/10/13	24.00	101.28	
263717	24	T1019		10/11/13	10/11/13	24.00	101.28	
263717	25	T1019		10/14/13	10/14/13	24.00	101.28	
263717	26	T1019		10/15/13	10/15/13	24.00	101.28	
263717	27	T1019		10/16/13	10/16/13	24.00	101.28	
263717	28	T1019		10/17/13	10/17/13	24.00	101.28	
263717	29	T1019		10/18/13	10/18/13	24.00	101.28	
				CLAIM TOTAL		2,937.12		CLAIM ACCOUNT REF. 2637170012013464SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y R2450270  
DIAGNOSIS CODES : 250.00 272.4 331.0 401.9 799.89  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263720	1	T1019		10/14/13	10/14/13	24.00	101.28	
263720	2	T1019		10/15/13	10/15/13	24.00	101.28	
263720	3	T1019		10/16/13	10/16/13	24.00	101.28	
263720	4	T1019		10/17/13	10/17/13	24.00	101.28	
263720	5	T1019		10/18/13	10/18/13	24.00	101.28	
				CLAIM TOTAL		506.40		CLAIM ACCOUNT REF. 2637200012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G R2303381  
DIAGNOSIS CODES : 799.89 253.5 278.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263721	1	T1019		10/14/13	10/14/13	20.00	84.40	
263721	2	T1019		10/15/13	10/15/13	20.00	84.40	
263721	3	T1019		10/16/13	10/16/13	20.00	84.40	
263721	4	T1019		10/17/13	10/17/13	20.00	84.40	
263721	5	T1019		10/18/13	10/18/13	20.00	84.40	
				CLAIM TOTAL		422.00		CLAIM ACCOUNT REF. 2637210012013466SUP

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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 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797  
DIAGNOSIS CODES : 295.90 250.00 272.0 401.9 440.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263726	1	T1019		10/12/13	10/12/13	40.00	168.80
263726	2	T1019		10/13/13	10/13/13	40.00	168.80
263726	3	T1019		10/14/13	10/14/13	40.00	168.80
263726	4	T1019		10/15/13	10/15/13	40.00	168.80
263726	5	T1019		10/16/13	10/16/13	40.00	168.80
263726	6	T1019		10/17/13	10/17/13	40.00	168.80
263726	7	T1019		10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL						1,181.60	CLAIM ACCOUNT REF. 2637260012013467SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008425 2013468 WELLS, WYNORIA 09/10/1959 ZR27322A R2378418  
DIAGNOSIS CODES : 278.01 253.5 272.4 356.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263734	1	T1019		09/12/13	09/12/13	16.00	67.52
263734	2	T1019		09/24/13	09/24/13	16.00	67.52
263734	3	T1019		10/02/13	10/02/13	16.00	67.52
263734	4	T1019		10/14/13	10/14/13	16.00	67.52
263734	5	T1019		10/15/13	10/15/13	16.00	67.52
263734	6	T1019		10/16/13	10/16/13	16.00	67.52
263734	7	T1019		10/17/13	10/17/13	16.00	67.52
263734	8	T1019		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL						540.16	CLAIM ACCOUNT REF. 2637340012013468SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013602 2013602 LOPEZ, YAMILETH 11/22/1957 129932699 R2346153  
DIAGNOSIS CODES : 250.00 272.4 401.9 530.81 719.7  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263712	1	T1019		10/15/13	10/15/13	20.00	84.40
263712	2	T1019		10/16/13	10/16/13	20.00	84.40
263712	3	T1019		10/17/13	10/17/13	20.00	84.40
263712	4	T1019		10/18/13	10/18/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2637120012013602SUP

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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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 2013732 2013732 GARCIA DE LA CRUZ, ANA 05/27/1937 117528059 R2379963  
DIAGNOSIS CODES : 715.09 338.4 401.9 493.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263706	1	T1019		10/14/13	10/14/13	16.00	67.52
263706	2	T1019		10/15/13	10/15/13	16.00	67.52
263706	3	T1019		10/16/13	10/16/13	16.00	67.52
263706	4	T1019		10/17/13	10/17/13	16.00	67.52
263706	5	T1019		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2637060012013732SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013739 2013739 GUERRA, MAYRA 07/10/1957 130005275 R2380289  
DIAGNOSIS CODES : 332.0 311. 338.4 719.7 V15.88  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263707	1	T1019		10/13/13	10/13/13	32.00	135.04
263707	2	T1019		10/14/13	10/14/13	32.00	135.04
263707	3	T1019		10/15/13	10/15/13	32.00	135.04
263707	4	T1019		10/16/13	10/16/13	32.00	135.04
263707	5	T1019		10/17/13	10/17/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2637070012013739SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008886 2013849 REINA, JOSE 05/31/1928 130116891 0107311303394  
DIAGNOSIS CODES : 244.9 272.4 600.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263718	1	S5131		10/12/13	10/12/13	5.00	1,012.80
263718	2	S5131		10/14/13	10/14/13	5.00	1,012.80
263718	3	S5131		10/15/13	10/15/13	5.00	1,012.80
263718	4	S5131		10/16/13	10/16/13	5.00	1,012.80
263718	5	S5131		10/17/13	10/17/13	5.00	1,012.80
263718	6	S5131		10/18/13	10/18/13	5.00	1,012.80
CLAIM TOTAL							6,076.80
CLAIM ACCOUNT REF.							2637180012013849SUP

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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 2009337 2013850 DOMINGUEZ-REIN, ANA T 09/02/1932 113539931 R2397139  
DIAGNOSIS CODES : 401.9 715.00 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263700	1	S5131		10/12/13	10/12/13	5.00	1,012.80
263700	2	S5131		10/14/13	10/14/13	5.00	1,012.80
263700	3	S5131		10/15/13	10/15/13	5.00	1,012.80
263700	4	S5131		10/16/13	10/16/13	5.00	1,012.80
263700	5	S5131		10/17/13	10/17/13	5.00	1,012.80
263700	6	S5131		10/18/13	10/18/13	5.00	1,012.80
CLAIM TOTAL							6,076.80

CLAIM ACCOUNT REF. 2637000012013850SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013941 2013941 TELLO, ZOILA 11/04/1954 WF19113P R2389724  
DIAGNOSIS CODES : 727.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263729	1	T1019		10/14/13	10/14/13	16.00	67.52
263729	2	T1019		10/15/13	10/15/13	16.00	67.52
263729	3	T1019		10/16/13	10/16/13	16.00	67.52
263729	4	T1019		10/17/13	10/17/13	16.00	67.52
263729	5	T1019		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2637290012013941SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2013942 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES : 401.9 244.9 537.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263697	1	T1019		10/07/13	10/07/13	24.00	101.28
263697	2	T1019		10/08/13	10/08/13	24.00	101.28
263697	3	T1019		10/09/13	10/09/13	24.00	101.28
263697	4	T1019		10/10/13	10/10/13	24.00	101.28
263697	5	T1019		10/11/13	10/11/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2636970012013942SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012731 2014090 VALENCIA, ESTHER J 11/13/1930 UF20889J R2182130  
DIAGNOSIS CODES : 401.9 414.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263731	1	T1019		10/14/13	10/14/13	24.00	101.28	
263731	2	T1019		10/15/13	10/15/13	24.00	101.28	
263731	3	T1019		10/16/13	10/16/13	24.00	101.28	
263731	4	T1019		10/18/13	10/18/13	20.00	84.40	
CLAIM TOTAL							388.24	CLAIM ACCOUNT REF. 2637310012014090SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014247 2014247 ESTRELLA DE PEREZ, MOD 06/15/1929 MX26288Q R2497773  
DIAGNOSIS CODES : 250.00 403.90 428.0 437.9 443.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263702	1	T1019		10/14/13	10/14/13	16.00	67.52	
263702	2	T1019		10/15/13	10/15/13	16.00	67.52	
263702	3	T1019		10/16/13	10/16/13	16.00	67.52	
263702	4	T1019		10/17/13	10/17/13	16.00	67.52	
263702	5	T1019		10/18/13	10/18/13	16.00	67.52	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2637020012014247SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008362 2014253 FONTANES, PEDRO 08/27/1948 RX10287Z 0110081302258  
DIAGNOSIS CODES : 724.3 278.00 427.31 428.0 724.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263835	1	T1019		10/09/13	10/09/13	48.00	170.88	
263835	2	T1019		10/10/13	10/10/13	48.00	170.88	
263835	3	T1019		10/11/13	10/11/13	48.00	170.88	
263835	4	T1019		10/12/13	10/12/13	48.00	170.88	
263835	5	T1019		10/13/13	10/13/13	48.00	170.88	
263835	6	T1019		10/14/13	10/14/13	48.00	170.88	
263835	7	T1019		10/15/13	10/15/13	48.00	170.88	
263835	8	T1019		10/16/13	10/16/13	48.00	170.88	
263835	9	T1019		10/17/13	10/17/13	48.00	170.88	
263835	10	T1019		10/18/13	10/18/13	24.00	85.44	
CLAIM TOTAL							1,623.36	CLAIM ACCOUNT REF. 2638350012014253SUP

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PAYER       ID = 80141                      HEALTHFIRST PHSP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008437    2014274    FERGERSON, TINA                      08/11/1959    ZZ11460M                      R2508529  
DIAGNOSIS CODES :    135.    401.9    493.00    715.00    721.0  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263834	1	T1019				10/17/13	10/17/13	20.00	71.20
263834	2	T1019				10/18/13	10/18/13	20.00	71.20
CLAIM TOTAL									142.40
CLAIM ACCOUNT REF.									2638340012014274SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2014311    2014311    RAMIREZ, ROSA                      07/23/1927    YH93280Q                      0110111302607  
DIAGNOSIS CODES :    427.9    401.9    428.0    493.91  
CLAIM REFERENCE #:                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263854	1	T1019				10/16/13	10/16/13	24.00	85.44
263854	2	T1019				10/17/13	10/17/13	24.00	85.44
263854	3	T1019				10/18/13	10/18/13	24.00	85.44
CLAIM TOTAL									256.32
CLAIM ACCOUNT REF.									2638540012014311SUP

PAYER TOTALS:    HEALTHFIRST PHSP                      # OF CLAIMS =    554    TOTAL CLAIM AMOUNT =    79,041.84  
# SERVICES =    93

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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                      611923967  
DIAGNOSIS CODES :    250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263745	1	T1019		10/12/13	10/12/13	40.00	171.60
263745	2	T1019		10/13/13	10/13/13	40.00	171.60
263745	3	T1019		10/14/13	10/14/13	40.00	171.60
263745	4	T1019		10/15/13	10/15/13	40.00	171.60
CLAIM TOTAL							686.40

CLAIM ACCOUNT REF.    2637450012008245SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008287    2008287    MILLAN, ARMIDA            09/13/1928    UF38033Q                      612210561  
DIAGNOSIS CODES :    250.00    272.4    311.                      356.9    365.9    401.9    530.81  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263748	1	T1019		10/12/13	10/12/13	16.00	68.64
263748	2	T1019		10/13/13	10/13/13	16.00	68.64
263748	3	T1019		10/14/13	10/14/13	36.00	154.44
263748	4	T1019		10/15/13	10/15/13	36.00	154.44
263748	5	T1019		10/16/13	10/16/13	36.00	154.44
263748	6	T1019		10/17/13	10/17/13	36.00	154.44
263748	7	T1019		10/18/13	10/18/13	36.00	154.44
CLAIM TOTAL							909.48

CLAIM ACCOUNT REF.    2637480012008287SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008401    2008401    SAFOS, PATRA              12/18/1948    100029836                      611508024  
DIAGNOSIS CODES :    340.    244.8    272.0                      401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263750	1	T1019		10/12/13	10/12/13	32.00	137.28
263750	2	T1019		10/13/13	10/13/13	32.00	137.28
263750	3	T1019		10/14/13	10/14/13	32.00	137.28
263750	4	T1019		10/15/13	10/15/13	32.00	137.28
263750	5	T1019		10/16/13	10/16/13	32.00	137.28
263750	6	T1019		10/17/13	10/17/13	32.00	137.28
CLAIM TOTAL							823.68

CLAIM ACCOUNT REF.    2637500012008401SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 611936039  
DIAGNOSIS CODES : 345.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263747	1	T1019		10/12/13	10/12/13	48.00	205.92
263747	2	T1019		10/13/13	10/13/13	48.00	205.92
263747	3	T1019		10/14/13	10/14/13	48.00	205.92
263747	4	T1019		10/15/13	10/15/13	48.00	205.92
263747	5	T1019		10/16/13	10/16/13	48.00	205.92
263747	6	T1019		10/17/13	10/17/13	48.00	205.92
263747	7	T1019		10/18/13	10/18/13	48.00	205.92
CLAIM TOTAL						1,441.44	

CLAIM ACCOUNT REF. 2637470012011881SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263749	1	T1019		10/12/13	10/12/13	16.00	68.64
263749	2	T1019		10/14/13	10/14/13	16.00	68.64
263749	3	T1019		10/15/13	10/15/13	16.00	68.64
263749	4	T1019		10/16/13	10/16/13	16.00	68.64
263749	5	T1019		10/17/13	10/17/13	16.00	68.64
263749	6	T1019		10/18/13	10/18/13	16.00	68.64
CLAIM TOTAL						411.84	

CLAIM ACCOUNT REF. 2637490012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 611033079  
DIAGNOSIS CODES : 780.99 294.10 530.81 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263746	1	T1019		10/12/13	10/12/13	32.00	137.28
263746	2	T1019		10/13/13	10/13/13	32.00	137.28
263746	3	T1019		10/14/13	10/14/13	32.00	137.28
263746	4	T1019		10/15/13	10/15/13	32.00	137.28
263746	5	T1019		10/16/13	10/16/13	32.00	137.28
263746	6	T1019		10/17/13	10/17/13	32.00	137.28
263746	7	T1019		10/18/13	10/18/13	32.00	137.28
CLAIM TOTAL						960.96	

CLAIM ACCOUNT REF. 2637460012013182SUP



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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 2006396 2013609 TSOURATAKIS, ELEFTERIA 01/25/1919 ZX75546J 611254933  
DIAGNOSIS CODES : 799.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263751	1	T1019		07/06/13	07/06/13	48.00	205.92
263751	2	T1019		07/13/13	07/13/13	48.00	205.92
263751	3	T1019		07/20/13	07/20/13	48.00	205.92
263751	4	T1019		07/27/13	07/27/13	48.00	205.92
263751	5	T1019		08/03/13	08/03/13	48.00	205.92
263751	6	T1019		08/10/13	08/10/13	48.00	205.92
263751	7	T1019		08/17/13	08/17/13	48.00	205.92
263751	8	T1019		08/24/13	08/24/13	48.00	205.92
263751	9	T1019		08/31/13	08/31/13	48.00	205.92
CLAIM TOTAL						1,853.28	CLAIM ACCOUNT REF. 2637510012013609SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006396 2013609 TSOURATAKIS, ELEFTERIA 01/25/1919 ZX75546J 612239847  
DIAGNOSIS CODES : 799.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263752	1	T1019		10/12/13	10/12/13	48.00	205.92
263752	2	T1019		10/13/13	10/13/13	48.00	205.92
263752	3	T1019		10/14/13	10/14/13	48.00	205.92
263752	4	T1019		10/15/13	10/15/13	48.00	205.92
263752	5	T1019		10/16/13	10/16/13	48.00	205.92
263752	6	T1019		10/17/13	10/17/13	48.00	205.92
263752	7	T1019		10/18/13	10/18/13	48.00	205.92
CLAIM TOTAL						1,441.44	CLAIM ACCOUNT REF. 2637520012013609SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 53                      TOTAL CLAIM AMOUNT = 8,528.52  
# SERVICES = 7

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

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263874	1	T1019		0580		10/12/13	10/12/13	40.00	168.80
263874	2	T1019		0580		10/13/13	10/13/13	40.00	168.80
263874	3	T1019		0580		10/14/13	10/14/13	32.00	135.04
263874	4	T1019		0580		10/15/13	10/15/13	32.00	135.04
263874	5	T1019		0580		10/16/13	10/16/13	32.00	135.04
263874	6	T1019		0580		10/17/13	10/17/13	32.00	135.04
263874	7	T1019		0580		10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL									1,012.80
CLAIM ACCOUNT REF.									2638740012008266SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263877	1	S5130		0582		08/27/13	08/27/13	16.00	67.52
263877	2	S5130		0582		10/15/13	10/15/13	16.00	67.52
263877	3	S5130		0582		10/17/13	10/17/13	16.00	67.52
CLAIM TOTAL									202.56
CLAIM ACCOUNT REF.									2638770012009279SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008406 2010728 YOUNG, KALEILE 06/17/1994 006532755 103777867  
DIAGNOSIS CODES : 319. 493.90 742.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263880	1	T1019		0580		10/01/13	10/01/13	12.00	50.64
263880	2	T1019		0580		10/02/13	10/02/13	12.00	50.64
263880	3	T1019		0580		10/03/13	10/03/13	12.00	50.64
263880	4	T1019		0580		10/04/13	10/04/13	12.00	50.64
263880	5	T1019		0580		10/05/13	10/05/13	16.00	67.52
263880	6	T1019		0580		10/06/13	10/06/13	16.00	67.52
263880	7	T1019		0580		10/07/13	10/07/13	12.00	50.64
263880	8	T1019		0580		10/08/13	10/08/13	12.00	50.64
263880	9	T1019		0580		10/09/13	10/09/13	12.00	50.64
263880	10	T1019		0580		10/10/13	10/10/13	12.00	50.64
263880	11	T1019		0580		10/11/13	10/11/13	12.00	50.64
263880	12	T1019		0580		10/12/13	10/12/13	16.00	67.52

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263880	13	T1019	0580	10/13/13	10/13/13	16.00	67.52
263880	14	T1019	0580	10/14/13	10/14/13	12.00	50.64
263880	15	T1019	0580	10/15/13	10/15/13	12.00	50.64
263880	16	T1019	0580	10/16/13	10/16/13	12.00	50.64
263880	17	T1019	0580	10/17/13	10/17/13	12.00	50.64
263880	18	T1019	0580	10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL							995.92

CLAIM ACCOUNT REF. 2638800012010728SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103774746  
DIAGNOSIS CODES : 319. 493.90 742.1  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263879	1	T1019	0580	10/01/13	10/01/13	16.00	67.52
263879	2	T1019	0580	10/02/13	10/02/13	16.00	67.52
263879	3	T1019	0580	10/03/13	10/03/13	16.00	67.52
263879	4	T1019	0580	10/04/13	10/04/13	16.00	67.52
263879	5	T1019	0580	10/05/13	10/05/13	20.00	84.40
263879	6	T1019	0580	10/06/13	10/06/13	20.00	84.40
263879	7	T1019	0580	10/07/13	10/07/13	16.00	67.52
263879	8	T1019	0580	10/08/13	10/08/13	16.00	67.52
263879	9	T1019	0580	10/09/13	10/09/13	16.00	67.52
263879	10	T1019	0580	10/10/13	10/10/13	16.00	67.52
263879	11	T1019	0580	10/11/13	10/11/13	16.00	67.52
263879	12	T1019	0580	10/12/13	10/12/13	20.00	84.40
263879	13	T1019	0580	10/13/13	10/13/13	20.00	84.40
263879	14	T1019	0580	10/14/13	10/14/13	16.00	67.52
263879	15	T1019	0580	10/15/13	10/15/13	16.00	67.52
263879	16	T1019	0580	10/16/13	10/16/13	16.00	67.52
263879	17	T1019	0580	10/17/13	10/17/13	16.00	67.52
263879	18	T1019	0580	10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL							1,282.88

CLAIM ACCOUNT REF. 2638790012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012083 2012354 CRUZ, SALVADOR 05/10/1932 713917795 103312801  
DIAGNOSIS CODES : 290.0 401.9 447.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263882	1	T1019	0580	10/14/13	10/14/13	24.00	90.00
263882	2	T1019	0580	10/15/13	10/15/13	24.00	90.00
263882	3	T1019	0580	10/16/13	10/16/13	24.00	90.00

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263882	4	T1019	0580	10/17/13	10/17/13	24.00	90.00
263882	5	T1019	0580	10/18/13	10/18/13	24.00	90.00
CLAIM TOTAL							450.00

CLAIM ACCOUNT REF. 2638820012012354SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012080 2012362 RIVERA, CARMEN 05/17/1967 714280461 103312424  
DIAGNOSIS CODES : 192.2 338.29 536.9 787.60 788.30  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263885	1	T1019	0580	10/14/13	10/14/13	20.00	75.00
263885	2	T1019	0580	10/15/13	10/15/13	20.00	75.00
263885	3	T1019	0580	10/16/13	10/16/13	20.00	75.00
263885	4	T1019	0580	10/17/13	10/17/13	20.00	75.00
263885	5	T1019	0580	10/18/13	10/18/13	20.00	75.00
CLAIM TOTAL							375.00

CLAIM ACCOUNT REF. 2638850012012362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009647 2012374 FERNANDEZ, NORKA \* 07/14/1948 715856872 102806651  
DIAGNOSIS CODES : 401.9 311. 492.8 715.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263883	1	T1019	0580	10/12/13	10/12/13	24.00	90.00
263883	2	T1019	0580	10/13/13	10/13/13	20.00	75.00
263883	3	T1019	0580	10/14/13	10/14/13	24.00	90.00
263883	4	T1019	0580	10/15/13	10/15/13	24.00	90.00
263883	5	T1019	0580	10/16/13	10/16/13	24.00	90.00
263883	6	T1019	0580	10/17/13	10/17/13	24.00	90.00
263883	7	T1019	0580	10/18/13	10/18/13	24.00	90.00
CLAIM TOTAL							615.00

CLAIM ACCOUNT REF. 2638830012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012163 2012876 AKHTAR, CATHRINE 11/07/1951 713952989 103312611  
DIAGNOSIS CODES : 799.9 250.00 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263881	1	T1019	0580	10/12/13	10/12/13	20.00	75.00
263881	2	T1019	0580	10/13/13	10/13/13	20.00	75.00
263881	3	T1019	0580	10/14/13	10/14/13	28.00	105.00
263881	4	T1019	0580	10/15/13	10/15/13	28.00	105.00
263881	5	T1019	0580	10/16/13	10/16/13	28.00	105.00

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263881	6	T1019		0580	10/17/13	10/17/13	28.00	105.00	
263881	7	T1019		0580	10/18/13	10/18/13	28.00	105.00	
CLAIM TOTAL								675.00	CLAIM ACCOUNT REF. 2638810012012876SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008365 2013018 HARDING, EDNA 05/17/1956 6274884 103437258  
DIAGNOSIS CODES : 493.90 253.5 272.4 296.80  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263884	1	T1019		0580	10/15/13	10/15/13	16.00	60.00	
263884	2	T1019		0580	10/16/13	10/16/13	16.00	60.00	
263884	3	T1019		0580	10/17/13	10/17/13	16.00	60.00	
263884	4	T1019		0580	10/18/13	10/18/13	20.00	75.00	
CLAIM TOTAL								255.00	CLAIM ACCOUNT REF. 2638840012013018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009247 2013352 CARRILLO, MARIA 05/18/1956 712689120 103584528  
DIAGNOSIS CODES : 714.0 311. 401.9 493.90 696.1 780.52 799.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263873	1	T1019		0580	09/24/13	09/24/13	20.00	84.40	
263873	2	T1019		0580	10/14/13	10/14/13	20.00	84.40	
263873	3	T1019		0580	10/15/13	10/15/13	20.00	84.40	
263873	4	T1019		0580	10/16/13	10/16/13	20.00	84.40	
263873	5	T1019		0580	10/17/13	10/17/13	24.00	101.28	
263873	6	T1019		0580	10/18/13	10/18/13	16.00	67.52	
CLAIM TOTAL								506.40	CLAIM ACCOUNT REF. 2638730012013352SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010671 2014097 AKHTER, SELINA 07/13/1960 717930679 103717989  
DIAGNOSIS CODES : 093.9 253.5 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263871	1	T1019		0580	10/14/13	10/14/13	36.00	151.92	
263871	2	T1019		0580	10/16/13	10/16/13	36.00	151.92	
263871	3	T1019		0580	10/17/13	10/17/13	36.00	151.92	
263871	4	T1019		0580	10/18/13	10/18/13	36.00	151.92	
CLAIM TOTAL								607.68	CLAIM ACCOUNT REF. 2638710012014097SUP

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014101 2014101 RAHIM, SHANEEZA 06/15/1997 713027020 103726470  
DIAGNOSIS CODES : 343.9 315.9 754.89  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263878	1	T1019		0580		10/14/13	10/14/13	16.00	67.52
263878	2	T1019		0580		10/15/13	10/15/13	16.00	67.52
263878	3	T1019		0580		10/16/13	10/16/13	12.00	50.64
263878	4	T1019		0580		10/17/13	10/17/13	16.00	67.52
263878	5	T1019		0580		10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL									320.72
CLAIM ACCOUNT REF.									2638780012014101SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014169 2014169 KNAP, ZYGMUNT 09/02/1949 006781876 103648112  
DIAGNOSIS CODES : 152.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263876	1	T1019		0580		10/11/13	10/11/13	32.00	135.04
263876	2	T1019		0580		10/14/13	10/14/13	32.00	135.04
263876	3	T1019		0580		10/15/13	10/15/13	32.00	135.04
263876	4	T1019		0580		10/16/13	10/16/13	32.00	135.04
263876	5	T1019		0580		10/17/13	10/17/13	32.00	135.04
263876	6	T1019		0580		10/18/13	10/18/13	32.00	135.04
CLAIM TOTAL									810.24
CLAIM ACCOUNT REF.									2638760012014169SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014176 2014176 GUTIERREZ, ELIJAH 05/11/2009 006919558 103726921  
DIAGNOSIS CODES : 299.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263875	1	T1019		0580		10/14/13	10/14/13	12.00	50.64
263875	2	T1019		0580		10/15/13	10/15/13	12.00	50.64
263875	3	T1019		0580		10/16/13	10/16/13	12.00	50.64
263875	4	T1019		0580		10/17/13	10/17/13	16.00	67.52
CLAIM TOTAL									219.44
CLAIM ACCOUNT REF.									2638750012014176SUP

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014324 2014324 CABAN, MARIA 06/17/1957 006680672 103739416  
DIAGNOSIS CODES : 250.00 154.2 338.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263872	1	T1019		0580		10/17/13	10/17/13	24.00	101.28
263872	2	T1019		0580		10/18/13	10/18/13	24.00	101.28
CLAIM TOTAL									202.56
CLAIM ACCOUNT REF.									2638720012014324SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014330 2014369 VAZQUEZ, ESTHER 07/01/1920 717078723 103776993  
DIAGNOSIS CODES : 799.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263886	1	T1019		0580		10/01/13	10/01/13	24.00	90.00
263886	2	T1019		0580		10/02/13	10/02/13	24.00	90.00
263886	3	T1019		0580		10/03/13	10/03/13	24.00	90.00
263886	4	T1019		0580		10/04/13	10/04/13	24.00	90.00
263886	5	T1019		0580		10/05/13	10/05/13	24.00	90.00
263886	6	T1019		0580		10/06/13	10/06/13	24.00	90.00
263886	7	T1019		0580		10/07/13	10/07/13	24.00	90.00
263886	8	T1019		0580		10/08/13	10/08/13	24.00	90.00
263886	9	T1019		0580		10/09/13	10/09/13	24.00	90.00
263886	10	T1019		0580		10/10/13	10/10/13	24.00	90.00
263886	11	T1019		0580		10/11/13	10/11/13	24.00	90.00
263886	12	T1019		0580		10/14/13	10/14/13	24.00	90.00
263886	13	T1019		0580		10/15/13	10/15/13	24.00	90.00
263886	14	T1019		0580		10/17/13	10/17/13	24.00	90.00
263886	15	T1019		0580		10/18/13	10/18/13	24.00	90.00
CLAIM TOTAL									1,350.00
CLAIM ACCOUNT REF.									2638860012014369SUP

PAYER TOTALS: AMERIGROUP NEW YORK,LLC                      # OF CLAIMS = 116                      TOTAL CLAIM AMOUNT = 9,881.20  
# SERVICES = 16

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ELDER                      ELDERSERVE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009623 2013814 BEAN, ELMIRA 10/09/1948 00001678800 8/22/2012-00581-0006  
DIAGNOSIS CODES : 250.00 272.2 311. 401.9 436. 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263908	1	T1019		0671		10/11/13	10/11/13	32.00	118.08
263908	2	T1019		0671		10/12/13	10/12/13	31.00	114.39
263908	3	T1019		0671		10/13/13	10/13/13	30.00	110.70
263908	4	T1019		0671		10/14/13	10/14/13	32.00	118.08
263908	5	T1019		0671		10/15/13	10/15/13	32.00	118.08
263908	6	T1019		0671		10/16/13	10/16/13	32.00	118.08
263908	7	T1019		0671		10/17/13	10/17/13	32.00	118.08
263908	8	T1019		0671		10/18/13	10/18/13	32.00	118.08
CLAIM TOTAL									933.57
									CLAIM ACCOUNT REF. 2639080012013814SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012728 2013815 MEYSTER, LYUBOV 01/08/1930 00002862300 3/5/2013-00134-0001  
DIAGNOSIS CODES : V68.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263909	1	T1019		0671		10/14/13	10/14/13	20.00	73.80
263909	2	T1019		0671		10/15/13	10/15/13	20.00	73.80
263909	3	T1019		0671		10/16/13	10/16/13	20.00	73.80
263909	4	T1019		0671		10/17/13	10/17/13	20.00	73.80
263909	5	T1019		0671		10/18/13	10/18/13	20.00	73.80
CLAIM TOTAL									369.00
									CLAIM ACCOUNT REF. 2639090012013815SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013860 2013860 RODRIGUEZ -3, MARIA 09/20/1940 00001769400 8/6/2013-00020-0002  
DIAGNOSIS CODES : 250.00 244.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263910	1	T1019		0671		10/14/13	10/14/13	16.00	59.04
263910	2	T1019		0671		10/15/13	10/15/13	16.00	59.04
CLAIM TOTAL									118.08
									CLAIM ACCOUNT REF. 2639100012013860SUP



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = ELDER                      ELDERSERVE

PAYER TOTALS:	ELDERSERVE	# OF CLAIMS =	15	TOTAL CLAIM AMOUNT =	1,420.65
		# SERVICES =	3		

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   1997785   1997785   RIVAS, GERTRUDIS       10/14/1931    GNT00533400                      9/13/2011-00672-0010  
DIAGNOSIS CODES :   250.81   272.0    311.       401.9       715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264042	1	S5125		10/14/13	10/14/13	24.00	94.56
264042	2	S5125		10/15/13	10/15/13	24.00	94.56
264042	3	S5125		10/16/13	10/16/13	24.00	94.56
264042	4	S5125		10/17/13	10/17/13	24.00	94.56
264042	5	S5125		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2640420011997785SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   1997789   1997789   SANCHEZ, ELIZABETH     01/03/1956    GNT00370600                      11/17/2003-00133-0144  
DIAGNOSIS CODES :   345.90   316.       369.4       462.       781.2       V12.54  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264056	1	T1019		10/12/13	10/12/13	16.00	63.04
264056	2	T1019		10/14/13	10/14/13	28.00	110.32
264056	3	T1019		10/15/13	10/15/13	28.00	110.32
264056	4	T1019		10/16/13	10/16/13	28.00	110.32
264056	5	T1019		10/17/13	10/17/13	28.00	110.32
264056	6	T1019		10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL							614.64
CLAIM ACCOUNT REF.							2640560011997789SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   1999328   1999328   ZUMAETA, FANNY        04/09/1936    GNT03663500                      4/27/2007-00047-0036  
DIAGNOSIS CODES :   318.1   345.91   369.4       389.10       453.8       784.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264093	1	T1019		10/12/13	10/12/13	28.00	110.32
264093	2	T1019		10/13/13	10/13/13	28.00	110.32
264093	3	T1019		10/14/13	10/14/13	40.00	157.60
264093	4	T1019		10/15/13	10/15/13	40.00	157.60
264093	5	T1019		10/16/13	10/16/13	40.00	157.60
264093	6	T1019		10/17/13	10/17/13	40.00	157.60
264093	7	T1019		10/18/13	10/18/13	40.00	157.60
CLAIM TOTAL							1,008.64
CLAIM ACCOUNT REF.							2640930011999328SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000140 2000140 PENA, WALESKA 07/06/1978 GNT02097600 4/2/2010-00212-0019  
DIAGNOSIS CODES : 724.2 225.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264027	1	T1019			10/12/13	10/12/13	32.00	126.08
264027	2	T1019			10/13/13	10/13/13	32.00	126.08
264027	3	T1019			10/14/13	10/14/13	32.00	126.08
264027	4	T1019			10/15/13	10/15/13	32.00	126.08
264027	5	T1019			10/16/13	10/16/13	32.00	126.08
264027	6	T1019			10/17/13	10/17/13	32.00	126.08
264027	7	T1019			10/18/13	10/18/13	32.00	126.08

CLAIM TOTAL

882.56

CLAIM ACCOUNT REF. 2640270012000140SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002109 2002109 PROANO, ALICIA 09/18/1924 93700845900 7/27/2010-00116-0014  
DIAGNOSIS CODES : 250.00 212.2 485. 272.0 401.9 493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264032	1	S5125	TT		10/12/13	10/12/13	20.00	83.80
264032	2	S5125	TT		10/13/13	10/13/13	20.00	83.80
264032	3	S5125	TT		10/14/13	10/14/13	20.00	83.80
264032	4	S5125	TT		10/15/13	10/15/13	20.00	83.80
264032	5	S5125	TT		10/16/13	10/16/13	20.00	83.80
264032	6	S5125	TT		10/17/13	10/17/13	20.00	83.80
264032	7	S5125	TT		10/18/13	10/18/13	20.00	83.80

CLAIM TOTAL

586.60

CLAIM ACCOUNT REF. 2640320012002109SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997798 2002124 SHELTON, AGUEDA 02/05/1919 GNT03123900 3/3/2009-00651-0023  
DIAGNOSIS CODES : 331.0 401.9 716.90 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264065	1	T1019			10/13/13	10/13/13	28.00	110.32
264065	2	T1019			10/14/13	10/14/13	28.00	110.32
264065	3	T1019			10/15/13	10/15/13	28.00	110.32
264065	4	T1019			10/16/13	10/16/13	28.00	110.32
264065	5	T1019			10/18/13	10/18/13	28.00	110.32

CLAIM TOTAL

551.60

CLAIM ACCOUNT REF. 2640650012002124SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2000377 2002162 MUSCAT, CARMEN 02/28/1927 GNT04082300 7/13/2012-00639-0006  
DIAGNOSIS CODES : 250.00 272.2 401.9 564.09 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264009	1	S5125		10/12/13	10/12/13	24.00	94.56
264009	2	S5125		10/13/13	10/13/13	24.00	94.56
264009	3	S5125		10/14/13	10/14/13	32.00	126.08
264009	4	S5125		10/15/13	10/15/13	32.00	126.08
264009	5	S5125		10/16/13	10/16/13	32.00	126.08
264009	6	S5125		10/17/13	10/17/13	32.00	126.08
264009	7	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							819.52

CLAIM ACCOUNT REF. 2640090012002162SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002531 2002531 NEWBOLD, RAMONA 09/24/1934 GNT04415000 10/27/2008-00400-0023  
DIAGNOSIS CODES : 715.90 369.9 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264012	1	S5125		10/14/13	10/14/13	19.00	74.86
264012	2	S5125		10/15/13	10/15/13	20.00	78.80
264012	3	S5125		10/16/13	10/16/13	20.00	78.80
264012	4	S5125		10/17/13	10/17/13	20.00	78.80
264012	5	S5125		10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL							390.06

CLAIM ACCOUNT REF. 2640120012002531SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997777 2002769 CEPEDA, TOMASA 09/07/1932 93700964900 12/4/2008-00022-0027  
DIAGNOSIS CODES : 253.5 401.9 452. 462.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263931	1	S5125		10/12/13	10/12/13	20.00	78.80
263931	2	S5125		10/13/13	10/13/13	20.00	78.80
263931	3	S5125		10/14/13	10/14/13	24.00	94.56
263931	4	S5125		10/15/13	10/15/13	24.00	94.56
263931	5	S5125		10/16/13	10/16/13	24.00	94.56
263931	6	S5125		10/17/13	10/17/13	24.00	94.56
263931	7	S5125		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							630.40

CLAIM ACCOUNT REF. 2639310012002769SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997754 2003087 PAPHITIS, RICHARD 05/14/1923 GNT03006300 11/23/2005-00393-0046  
DIAGNOSIS CODES : 343.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264022	1	T1019		10/14/13	10/14/13	32.00	126.08
264022	2	T1019		10/15/13	10/15/13	32.00	126.08
264022	3	T1019		10/16/13	10/16/13	32.00	126.08
264022	4	T1019		10/17/13	10/17/13	32.00	126.08
264022	5	T1019		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							630.40
CLAIM ACCOUNT REF.							2640220012003087SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0008  
DIAGNOSIS CODES : 331.0 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263980	1	T1019		09/22/13	09/22/13	46.00	181.24
263980	2	T1019		09/26/13	09/26/13	46.00	181.24
263980	3	T1019		10/04/13	10/04/13	42.00	165.48
CLAIM TOTAL							527.96
CLAIM ACCOUNT REF.							2639800012003254SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003254 2003254 JIMENEZ, EUGENIA 03/15/1931 GNT04164400 2/22/2012-00525-0009  
DIAGNOSIS CODES : 331.0 311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263981	1	T1019		10/12/13	10/12/13	42.00	165.48
263981	2	T1019		10/13/13	10/13/13	46.00	181.24
263981	3	T1019		10/14/13	10/14/13	46.00	181.24
263981	4	T1019		10/15/13	10/15/13	46.00	181.24
263981	5	T1019		10/16/13	10/16/13	46.00	181.24
263981	6	T1019		10/17/13	10/17/13	46.00	181.24
263981	7	T1019		10/18/13	10/18/13	42.00	165.48
CLAIM TOTAL							1,237.16
CLAIM ACCOUNT REF.							2639810012003254SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004554 2004554 DONOSO, MARGARETHA 09/17/1938 GNT01219900 9/25/2009-00474-0022  
DIAGNOSIS CODES : 250.00 362.74 401.9 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263945	1	S5125		10/14/13	10/14/13	24.00	94.56
263945	2	S5125		10/15/13	10/15/13	24.00	94.56
263945	3	S5125		10/17/13	10/17/13	24.00	94.56
263945	4	S5125		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2639450012004554SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2004768 2004768 NUNEZ, ANGELINA 10/01/1946 GNT02920000 9/28/2005-00256-0055  
DIAGNOSIS CODES : 493.00 250.00 361.9 366.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264013	1	T1019		10/14/13	10/14/13	16.00	63.04
264013	2	T1019		10/15/13	10/15/13	16.00	63.04
264013	3	T1019		10/16/13	10/16/13	16.00	63.04
264013	4	T1019		10/17/13	10/17/13	16.00	63.04
264013	5	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							315.20

CLAIM ACCOUNT REF. 2640130012004768SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2002344 2006080 JOHNSON, DOROTHY 03/14/1932 GNT04334500 10/6/2008-00633-0046  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263982	1	S5125		10/12/13	10/12/13	48.00	189.12
263982	2	S5125		10/13/13	10/13/13	48.00	189.12
263982	3	S5125		10/14/13	10/14/13	32.00	126.08
263982	4	S5125		10/15/13	10/15/13	32.00	126.08
263982	5	S5125		10/16/13	10/16/13	32.00	126.08
263982	6	S5125		10/17/13	10/17/13	32.00	126.08
263982	7	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							1,008.64

CLAIM ACCOUNT REF. 2639820012006080SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2006117    2006117    NETTLES, DONNA                      09/21/1955    GNT04987100                      7/27/2010-00646-0016  
DIAGNOSIS CODES :    042.       070.54       218.9       311.       493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264010	1	S5125				10/07/13	10/07/13	16.00	63.04
264010	2	S5125				10/09/13	10/09/13	16.00	63.04
264010	3	S5125				10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL									189.12
CLAIM ACCOUNT REF.									2640100012006117SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2006118    2006118    ALI, AMRUNISSA                      10/05/1934    93703296700                      4/6/2011-00677-0015  
DIAGNOSIS CODES :    250.00       272.0       401.9       462.       715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263911	1	S5125				10/12/13	10/12/13	24.00	94.56
263911	2	S5125				10/14/13	10/14/13	36.00	141.84
263911	3	S5125				10/15/13	10/15/13	36.00	141.84
263911	4	S5125				10/16/13	10/16/13	36.00	141.84
263911	5	S5125				10/17/13	10/17/13	35.00	137.90
263911	6	S5125				10/18/13	10/18/13	36.00	141.84
CLAIM TOTAL									799.82
CLAIM ACCOUNT REF.									2639110012006118SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2006124    2006124    EARLINGTON, ALBERTHA                      06/25/1947    GNT04981500                      7/29/2010-00715-0015  
DIAGNOSIS CODES :    463.       429.9       493.00       715.90       781.2       250.93       401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263947	1	S5125				10/12/13	10/12/13	24.00	94.56
263947	2	S5125				10/14/13	10/14/13	28.00	110.32
263947	3	S5125				10/15/13	10/15/13	24.00	94.56
263947	4	S5125				10/16/13	10/16/13	28.00	110.32
263947	5	S5125				10/17/13	10/17/13	28.00	110.32
263947	6	S5125				10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL									630.40
CLAIM ACCOUNT REF.									2639470012006124SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2000279    2006152    YI, CARLOS                      04/16/1959    GNT04057700                      11/30/2007-00350-0093  
DIAGNOSIS CODES :    250.00    311.            338.29    365.9            401.9            493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264090	1	S5125		10/05/13	10/05/13	16.00	63.04	
264090	2	S5125		10/07/13	10/07/13	16.00	63.04	
264090	3	S5125		10/08/13	10/08/13	16.00	63.04	
264090	4	S5125		10/09/13	10/09/13	16.00	63.04	
264090	5	S5125		10/10/13	10/10/13	16.00	63.04	
264090	6	S5125		10/11/13	10/11/13	16.00	63.04	
264090	7	S5125		10/12/13	10/12/13	16.00	63.04	
264090	8	S5125		10/14/13	10/14/13	16.00	63.04	
264090	9	S5125		10/15/13	10/15/13	16.00	63.04	
264090	10	S5125		10/16/13	10/16/13	16.00	63.04	
264090	11	S5125		10/17/13	10/17/13	16.00	63.04	
264090	12	S5125		10/18/13	10/18/13	16.00	63.04	
				CLAIM TOTAL			756.48	CLAIM ACCOUNT REF.    2640900012006152SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2003981    2006632    BUCARO, CONCETTA                      02/27/1916    GNT04556300                      6/24/2009-00543-0018  
DIAGNOSIS CODES :    331.0    272.0            365.9            401.9            733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263922	1	S5125		08/23/13	08/23/13	31.00	122.14	
				CLAIM TOTAL			122.14	CLAIM ACCOUNT REF.    2639220012006632SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2003981    2006632    BUCARO, CONCETTA                      02/27/1916    GNT04556300                      6/24/2009-00543-0019  
DIAGNOSIS CODES :    331.0    272.0            365.9            401.9            733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263923	1	S5125		10/07/13	10/07/13	36.00	141.84	
263923	2	S5125		10/08/13	10/08/13	36.00	141.84	
263923	3	S5125		10/09/13	10/09/13	36.00	141.84	
263923	4	S5125		10/10/13	10/10/13	36.00	141.84	
263923	5	S5125		10/11/13	10/11/13	36.00	141.84	
263923	6	S5125		10/14/13	10/14/13	36.00	141.84	
263923	7	S5125		10/16/13	10/16/13	36.00	141.84	
263923	8	S5125		10/17/13	10/17/13	36.00	141.84	
263923	9	S5125		10/18/13	10/18/13	36.00	141.84	



REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	1,276.56	2639230012006632SUP
REG LOC	CLIENT	SERVICE NAME	BIRTH DATE		RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2001974	2006828 RUBIANO, MARIA	11/12/1925		GNT03390400	9/27/2006-00154-0038		
DIAGNOSIS CODES :		716.90 345.90 414.00	428.0	294.20	401.9 530.81	564.00 733.00		
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
264052	1	S5125		09/24/13	09/24/13	22.00	86.68	
264052	2	S5125		09/25/13	09/25/13	22.00	86.68	
264052	3	S5125		10/14/13	10/14/13	22.00	86.68	
264052	4	S5125		10/15/13	10/15/13	22.00	86.68	
264052	5	S5125		10/16/13	10/16/13	22.00	86.68	
264052	6	S5125		10/17/13	10/17/13	22.00	86.68	
264052	7	S5125		10/18/13	10/18/13	22.00	86.68	
						CLAIM TOTAL	606.76	2640520012006828SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE		RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2002103	2007728 PROANO, BRUNO	10/06/1918		GNT04361600	8/28/2008-00367-0039	
DIAGNOSIS CODES :		715.90 290.0 780.96					
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
264033	1	S5125 TT		10/12/13	10/12/13	20.00	83.80	
264033	2	S5125 TT		10/13/13	10/13/13	20.00	83.80	
264033	3	S5125 TT		10/14/13	10/14/13	20.00	83.80	
264033	4	S5125 TT		10/15/13	10/15/13	16.00	67.04	
264033	5	S5125 TT		10/16/13	10/16/13	20.00	83.80	
264033	6	S5125 TT		10/17/13	10/17/13	20.00	83.80	
264033	7	S5125 TT		10/18/13	10/18/13	20.00	83.80	
						CLAIM TOTAL	569.84	2640330012007728SUP

REG LOC	CLIENT	SERVICE NAME	BIRTH DATE		RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2007969	2007969 RODRIGUEZ, HOLGER	10/27/1938		GNT05256300	2/29/2012-00253-0013	
DIAGNOSIS CODES :		401.9 250.00 332.0 369.00 600.00					
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264047	1	T1019		10/12/13	10/12/13	36.00	141.84
264047	2	T1019		10/13/13	10/13/13	36.00	141.84
264047	3	T1019		10/14/13	10/14/13	36.00	141.84
264047	4	T1019		10/15/13	10/15/13	36.00	141.84
264047	5	T1019		10/16/13	10/16/13	36.00	141.84

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264047	6	T1019		10/17/13	10/17/13	36.00	141.84	
264047	7	T1019		10/18/13	10/18/13	36.00	141.84	
CLAIM TOTAL							992.88	CLAIM ACCOUNT REF. 2640470012007969SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2005886 2008200 VLAHOS, MARIE 09/04/1932 GNT04780800 1/5/2010-00429-0027  
DIAGNOSIS CODES : 331.0 272.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264086	1	S5125		10/04/13	10/04/13	32.00	126.08	
264086	2	S5125		10/07/13	10/07/13	32.00	126.08	
264086	3	S5125		10/12/13	10/12/13	48.00	189.12	
264086	4	S5125		10/13/13	10/13/13	48.00	189.12	
264086	5	S5125		10/14/13	10/14/13	32.00	126.08	
264086	6	S5125		10/15/13	10/15/13	32.00	126.08	
264086	7	S5125		10/16/13	10/16/13	32.00	126.08	
264086	8	S5125		10/17/13	10/17/13	32.00	126.08	
264086	9	S5125		10/18/13	10/18/13	32.00	126.08	
CLAIM TOTAL							1,260.80	CLAIM ACCOUNT REF. 2640860012008200SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007979 2008314 FERNANDEZ, ANA 08/14/1947 GNT05242300 6/2/2011-00474-0021  
DIAGNOSIS CODES : 460. 311. 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263955	1	S5125		10/12/13	10/12/13	24.00	94.56	
263955	2	S5125		10/13/13	10/13/13	24.00	94.56	
263955	3	S5125		10/14/13	10/14/13	24.00	94.56	
263955	4	S5125		10/15/13	10/15/13	24.00	94.56	
263955	5	S5125		10/16/13	10/16/13	24.00	94.56	
263955	6	S5125		10/17/13	10/17/13	23.00	90.62	
263955	7	S5125		10/18/13	10/18/13	24.00	94.56	
CLAIM TOTAL							657.98	CLAIM ACCOUNT REF. 2639550012008314SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003982 2008320 COLAVITTI, JEAN 05/23/1911 GNT04482200 6/24/2009-00555-0031  
DIAGNOSIS CODES : 716.90 272.0 362.51 401.9 V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263933	1	S5125		10/12/13	10/12/13	32.00	126.08

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263933	2	S5125		10/13/13	10/13/13	32.00	126.08	
263933	3	S5125		10/14/13	10/14/13	32.00	126.08	
263933	4	S5125		10/15/13	10/15/13	32.00	126.08	
263933	5	S5125		10/16/13	10/16/13	32.00	126.08	
263933	6	S5125		10/17/13	10/17/13	32.00	126.08	
263933	7	S5125		10/18/13	10/18/13	32.00	126.08	
CLAIM TOTAL							882.56	CLAIM ACCOUNT REF.    2639330012008320SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008453    2008453    RESTULA, VINCENT                      01/15/1929    GNT05473100                      8/1/2011-00700-0009  
DIAGNOSIS CODES :    389.9    369.9    V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264037	1	S5125		10/14/13	10/14/13	16.00	63.04	
264037	2	S5125		10/15/13	10/15/13	16.00	63.04	
264037	3	S5125		10/16/13	10/16/13	16.00	63.04	
264037	4	S5125		10/17/13	10/17/13	16.00	63.04	
264037	5	S5125		10/18/13	10/18/13	16.00	63.04	
CLAIM TOTAL							315.20	CLAIM ACCOUNT REF.    2640370012008453SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008885    2008885    SOMRAJ, UMILLA                      09/24/1973    GNT03813900                      8/31/2007-00255-0066  
DIAGNOSIS CODES :    585.6    311.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264067	1	S5125		10/13/13	10/13/13	16.00	63.04	
264067	2	S5125		10/15/13	10/15/13	4.00	15.76	
264067	3	S5125		10/17/13	10/17/13	4.00	15.76	
CLAIM TOTAL							94.56	CLAIM ACCOUNT REF.    2640670012008885SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2004555    2008892    WEISZ, KLARA                      06/27/1920    GNT04606900                      6/19/2013-00016-0002  
DIAGNOSIS CODES :    401.9    242.90    272.0    311.    530.81    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264088	1	S5125		10/14/13	10/14/13	16.00	63.04	
264088	2	S5125		10/16/13	10/16/13	16.00	63.04	
CLAIM TOTAL							126.08	CLAIM ACCOUNT REF.    2640880012008892SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008605    2009202    MARTINEZ, GLORIA                      04/10/1937    GNT00444700                      11/14/2003-00001-0102  
DIAGNOSIS CODES :    345.90    272.0    311.                      362.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263997	1	S5125		10/12/13	10/12/13	16.00	63.04	
263997	2	S5125		10/13/13	10/13/13	16.00	63.04	
263997	3	S5125		10/14/13	10/14/13	20.00	78.80	
263997	4	S5125		10/15/13	10/15/13	20.00	78.80	
263997	5	S5125		10/16/13	10/16/13	20.00	78.80	
263997	6	S5125		10/17/13	10/17/13	20.00	78.80	
263997	7	S5125		10/18/13	10/18/13	20.00	78.80	
CLAIM TOTAL							520.08	CLAIM ACCOUNT REF.    2639970012009202SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2002546    2009232    PEREZ, MARIA                      02/04/1931    93703475500                      11/9/2011-00055-0008  
DIAGNOSIS CODES :    715.00    385.00    401.9                      564.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264028	1	T1019		10/14/13	10/14/13	24.00	94.56	
264028	2	T1019		10/15/13	10/15/13	24.00	94.56	
264028	3	T1019		10/16/13	10/16/13	24.00	94.56	
264028	4	T1019		10/17/13	10/17/13	24.00	94.56	
264028	5	T1019		10/18/13	10/18/13	24.00	94.56	
CLAIM TOTAL							472.80	CLAIM ACCOUNT REF.    2640280012009232SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009392    2009392    NUNEZ, IRIS                      09/07/1963    GNT05481000                      11/29/2011-00245-0003  
DIAGNOSIS CODES :    585.6    369.9    458.9                      716.90    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264014	1	S5125		10/12/13	10/12/13	24.00	94.56	
264014	2	S5125		10/14/13	10/14/13	24.00	94.56	
264014	3	S5125		10/15/13	10/15/13	24.00	94.56	
264014	4	S5125		10/16/13	10/16/13	17.00	66.98	
264014	5	S5125		10/17/13	10/17/13	20.00	78.80	
264014	6	S5125		10/18/13	10/18/13	24.00	94.56	
CLAIM TOTAL							524.02	CLAIM ACCOUNT REF.    2640140012009392SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009394    2009394    ECKMAN, LOIS                      04/02/1919    GNT05317600                      12/1/2011-00331-0012  
DIAGNOSIS CODES :    331.0    564.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263948	1	T1020		10/12/13	10/12/13	1.00	200.00
263948	2	T1020		10/13/13	10/13/13	1.00	200.00
263948	3	T1020		10/14/13	10/14/13	1.00	200.00
263948	4	T1020		10/15/13	10/15/13	1.00	200.00
263948	5	T1020		10/16/13	10/16/13	1.00	200.00
263948	6	T1020		10/17/13	10/17/13	1.00	200.00
263948	7	T1020		10/18/13	10/18/13	1.00	200.00

CLAIM TOTAL

1,400.00

CLAIM ACCOUNT REF.    2639480012009394SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2009435    2009435    GOMEZ, YOLANDA                      11/26/1934    GNT05745100                      12/1/2011-00373-0016  
DIAGNOSIS CODES :    250.00    401.9    429.89    715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263963	1	T1019		10/14/13	10/14/13	16.00	63.04
263963	2	T1019		10/16/13	10/16/13	16.00	63.04
263963	3	T1019		10/18/13	10/18/13	20.00	78.80

CLAIM TOTAL

204.88

CLAIM ACCOUNT REF.    2639630012009435SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2003840    2009576    PAZIOULIS, KLEONIKI                      10/16/1934    GNT04602500                      6/2/2009-00124-0034  
DIAGNOSIS CODES :    401.9    272.0    338.29  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264026	1	S5125		10/12/13	10/12/13	44.00	173.36
264026	2	S5125		10/13/13	10/13/13	44.00	173.36
264026	3	S5125		10/14/13	10/14/13	44.00	173.36
264026	4	S5125		10/15/13	10/15/13	44.00	173.36
264026	5	S5125		10/16/13	10/16/13	44.00	173.36

CLAIM TOTAL

866.80

CLAIM ACCOUNT REF.    2640260012009576SUP

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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492  
PAYER ID = GUILD GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009589 2009589 FERRO, JOSEPHINE 10/09/1915 GNT05940400 12/28/2011-00570-0011  
DIAGNOSIS CODES : 294.20 362.51 455.3 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263958	1	T1019		10/12/13	10/12/13	24.00	94.56
263958	2	T1019		10/14/13	10/14/13	48.00	189.12
263958	3	T1019		10/15/13	10/15/13	48.00	189.12
263958	4	T1020		10/16/13	10/16/13	1.00	200.00
263958	5	T1020		10/17/13	10/17/13	1.00	200.00
263958	6	T1020		10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL						1,072.80	CLAIM ACCOUNT REF. 2639580012009589SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009618 2009618 WEST, BALDWIN 09/14/1933 GNT05953700 1/3/2012-00952-0010  
DIAGNOSIS CODES : 294.10  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264089	1	T1019		10/07/13	10/07/13	16.00	63.04
264089	2	T1019		10/08/13	10/08/13	16.00	63.04
264089	3	T1019		10/09/13	10/09/13	16.00	63.04
264089	4	T1019		10/11/13	10/11/13	16.00	63.04
264089	5	T1019		10/14/13	10/14/13	16.00	63.04
264089	6	T1019		10/15/13	10/15/13	16.00	63.04
264089	7	T1019		10/16/13	10/16/13	16.00	63.04
264089	8	T1019		10/17/13	10/17/13	16.00	63.04
264089	9	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL						567.36	CLAIM ACCOUNT REF. 2640890012009618SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009790 2009790 COLEMAN, REGINA 11/26/1958 GNT060020000 2/1/2012-01152-0007  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263934	1	S5125		09/15/13	09/15/13	32.00	126.08
263934	2	S5125		09/18/13	09/18/13	8.00	31.52
263934	3	S5125		09/19/13	09/19/13	8.00	31.52
263934	4	S5125		09/20/13	09/20/13	8.00	31.52
263934	5	S5125		09/24/13	09/24/13	8.00	31.52
263934	6	S5125		09/25/13	09/25/13	8.00	31.52
263934	7	S5125		09/26/13	09/26/13	20.00	78.80

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263934	8	S5125		09/27/13	09/27/13	8.00	31.52	
263934	9	S5125		09/30/13	09/30/13	8.00	31.52	
263934	10	S5125		10/01/13	10/01/13	8.00	31.52	
263934	11	S5125		10/02/13	10/02/13	8.00	31.52	
263934	12	S5125		10/03/13	10/03/13	8.00	31.52	
263934	13	S5125		10/04/13	10/04/13	8.00	31.52	
263934	14	S5125		10/07/13	10/07/13	8.00	31.52	
263934	15	S5125		10/08/13	10/08/13	8.00	31.52	
263934	16	S5125		10/09/13	10/09/13	8.00	31.52	
263934	17	S5125		10/10/13	10/10/13	8.00	31.52	
263934	18	S5125		10/11/13	10/11/13	20.00	78.80	
263934	19	S5125		10/12/13	10/12/13	32.00	126.08	
263934	20	S5125		10/13/13	10/13/13	32.00	126.08	
263934	21	S5125		10/14/13	10/14/13	8.00	31.52	
263934	22	S5125		10/15/13	10/15/13	8.00	31.52	
263934	23	S5125		10/16/13	10/16/13	8.00	31.52	
263934	24	S5125		10/17/13	10/17/13	20.00	78.80	
263934	25	S5125		10/18/13	10/18/13	20.00	78.80	
CLAIM TOTAL							1,260.80	CLAIM ACCOUNT REF. 2639340012009790SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010407 2010407 MORA, PAULA 06/14/1931 GNT06124800 4/27/2012-00052-0007  
DIAGNOSIS CODES : 401.9 244.9 250.00 366.00 389.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264005	1	T1019		10/17/13	10/17/13	16.00	63.04	
CLAIM TOTAL							63.04	CLAIM ACCOUNT REF. 2640050012010407SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010409 2010409 RAMOS, ESTHER 12/21/1933 GNT06136400 4/27/2012-00082-0008  
DIAGNOSIS CODES : 331.0 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264036	1	T1019		10/14/13	10/14/13	12.00	47.28	
264036	2	T1019		10/15/13	10/15/13	15.00	59.10	
264036	3	T1019		10/16/13	10/16/13	16.00	63.04	
264036	4	T1019		10/17/13	10/17/13	12.00	47.28	
264036	5	T1019		10/18/13	10/18/13	16.00	63.04	
CLAIM TOTAL							279.74	CLAIM ACCOUNT REF. 2640360012010409SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010412    2010412    RODRIGUEZ, FABIOLA                      06/23/1931    GNT06115800                      8/27/2012-00184-0007  
DIAGNOSIS CODES :    715.90    401.9    493.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264046	1	S5125				10/12/13	10/12/13	16.00	63.04
264046	2	S5125				10/14/13	10/14/13	16.00	63.04
264046	3	S5125				10/15/13	10/15/13	16.00	63.04
264046	4	S5125				10/16/13	10/16/13	16.00	63.04
264046	5	S5125				10/17/13	10/17/13	16.00	63.04
264046	6	S5125				10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL									378.24

CLAIM ACCOUNT REF.    2640460012010412SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010647    2010647    PRADO, NANCY                      04/02/1950    GNT00201400                      11/3/2008-00778-0022  
DIAGNOSIS CODES :    311.    750.7  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264031	1	T1019				10/08/13	10/08/13	16.00	63.04
264031	2	T1019				10/09/13	10/09/13	16.00	63.04
264031	3	T1019				10/10/13	10/10/13	16.00	63.04
264031	4	T1019				10/15/13	10/15/13	16.00	63.04
264031	5	T1019				10/16/13	10/16/13	16.00	63.04
264031	6	T1019				10/17/13	10/17/13	16.00	63.04
CLAIM TOTAL									378.24

CLAIM ACCOUNT REF.    2640310012010647SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2010843    2010843    ALSTON, ZULINE                      05/07/1927    GNT06188400                      6/28/2012-00942-0012  
DIAGNOSIS CODES :    290.0    272.0    365.9    401.9    733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263913	1	S5125				10/10/13	10/10/13	32.00	126.08
263913	2	S5125				10/12/13	10/12/13	32.00	126.08
263913	3	S5125				10/13/13	10/13/13	32.00	126.08
263913	4	S5125				10/14/13	10/14/13	32.00	126.08
263913	5	S5125				10/15/13	10/15/13	32.00	126.08
263913	6	S5125				10/16/13	10/16/13	32.00	126.08
263913	7	S5125				10/17/13	10/17/13	32.00	126.08
263913	8	S5125				10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL									1,008.64

CLAIM ACCOUNT REF.    2639130012010843SUP



REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011036 2011036 MASSOL, PEDRO A 09/08/1934 GNT04564600 7/26/2012-00677-0015  
DIAGNOSIS CODES : 290.40 250.00 272.2 285.9 401.9 600.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263998	1	S5125				10/12/13	10/12/13	12.00	47.28
263998	2	S5125				10/14/13	10/14/13	20.00	78.80
263998	3	S5125				10/15/13	10/15/13	20.00	78.80
263998	4	S5125				10/16/13	10/16/13	20.00	78.80
263998	5	S5125				10/17/13	10/17/13	20.00	78.80
263998	6	S5125				10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL									441.28
CLAIM ACCOUNT REF.									2639980012011036SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011252 2011252 HENRIQUEZ, TERESA 10/15/1938 GNT06350600 8/30/2012-00144-0007  
DIAGNOSIS CODES : 203.01 272.2 311. 401.9 530.81 564.00 780.52  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263973	1	S5125				10/12/13	10/12/13	16.00	63.04
263973	2	S5125				10/13/13	10/13/13	16.00	63.04
263973	3	S5125				10/14/13	10/14/13	32.00	126.08
263973	4	S5125				10/15/13	10/15/13	32.00	126.08
263973	5	S5125				10/16/13	10/16/13	32.00	126.08
263973	6	S5125				10/17/13	10/17/13	32.00	126.08
263973	7	S5125				10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL									756.48
CLAIM ACCOUNT REF.									2639730012011252SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011256 2011256 DURAN, CARMEN 07/16/1925 GNT06350900 8/30/2012-00186-0008  
DIAGNOSIS CODES : 894.0 244.8 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263946	1	S5125				10/14/13	10/14/13	26.00	102.44
263946	2	S5125				10/15/13	10/15/13	26.00	102.44
263946	3	S5125				10/16/13	10/16/13	26.00	102.44
263946	4	S5125				10/17/13	10/17/13	26.00	102.44
263946	5	S5125				10/18/13	10/18/13	26.00	102.44
CLAIM TOTAL									512.20
CLAIM ACCOUNT REF.									2639460012011256SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 1997780 2011411 PICHARDO, MARIA 05/14/1923 GNT02908700 8/24/2005-00382-0057  
DIAGNOSIS CODES : 290.0 311. 493.00 530.81 780.96  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264029	1	T1019				10/12/13	10/12/13	36.00	141.84
264029	2	T1019				10/13/13	10/13/13	36.00	141.84
264029	3	T1019				10/14/13	10/14/13	36.00	141.84
264029	4	T1019				10/15/13	10/15/13	36.00	141.84
264029	5	T1019				10/16/13	10/16/13	36.00	141.84
264029	6	T1019				10/17/13	10/17/13	36.00	141.84
264029	7	T1019				10/18/13	10/18/13	36.00	141.84

CLAIM TOTAL

992.88 CLAIM ACCOUNT REF. 2640290012011411SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011472 2011472 HENLEY, LUVENIA 08/23/1927 GNT06160900 9/28/2012-00806-0009  
DIAGNOSIS CODES : 294.10 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263972	1	T1019				10/14/13	10/14/13	48.00	189.12
263972	2	T1019				10/15/13	10/15/13	48.00	189.12
263972	3	T1019				10/16/13	10/16/13	48.00	189.12
263972	4	T1019				10/17/13	10/17/13	48.00	189.12
263972	5	T1019				10/18/13	10/18/13	48.00	189.12

CLAIM TOTAL

945.60 CLAIM ACCOUNT REF. 2639720012011472SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011503 2011503 BERJASHEVIC, LIME 10/30/1926 GNT06467800 10/3/2012-00231-0006  
DIAGNOSIS CODES : 093.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263920	1	T1019				10/14/13	10/14/13	16.00	63.04
263920	2	T1019				10/18/13	10/18/13	28.00	110.32

CLAIM TOTAL

173.36 CLAIM ACCOUNT REF. 2639200012011503SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009586 2011581 ASH, MARIE 08/11/1925 GNT06270600 9/28/2012-00709-0010  
DIAGNOSIS CODES : 780.4 458.8 780.93 V45.01  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/23/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

263916	1	T1019	10/14/13	10/14/13	16.00	63.04
263916	2	T1019	10/16/13	10/16/13	16.00	63.04
263916	3	T1019	10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL						189.12
CLAIM ACCOUNT REF.						2639160012011581SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011597 2011597 SOLIS, JUDITH 12/26/1931 GNT03904400 10/29/2007-00547-0030  
DIAGNOSIS CODES : 294.10 290.0 296.22 429.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264066	1	S5125		10/01/13	10/01/13	48.00	189.12
264066	2	S5125		10/05/13	10/05/13	48.00	189.12
264066	3	S5125		10/06/13	10/06/13	48.00	189.12
264066	4	S5125		10/07/13	10/07/13	48.00	189.12
264066	5	S5125		10/08/13	10/08/13	48.00	189.12
264066	6	S5125		10/12/13	10/12/13	48.00	189.12
264066	7	S5125		10/13/13	10/13/13	48.00	189.12
264066	8	S5125		10/14/13	10/14/13	48.00	189.12
CLAIM TOTAL							1,512.96
CLAIM ACCOUNT REF.							2640660012011597SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011599 2011599 DELEON, JUANA 04/18/1918 GNT04795000 1/28/2010-00406-0023  
DIAGNOSIS CODES : 294.10 365.89 401.9 V12.54  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263940	1	S5125		10/14/13	10/14/13	24.00	94.56
263940	2	S5125		10/15/13	10/15/13	24.00	94.56
263940	3	S5125		10/16/13	10/16/13	24.00	94.56
263940	4	S5125		10/17/13	10/17/13	24.00	94.56
263940	5	S5125		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							472.80
CLAIM ACCOUNT REF.							2639400012011599SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011600 2011600 GUZMAN, EDELMIRA 02/19/1944 GNT03023100 11/6/2008-00160-0009  
DIAGNOSIS CODES : 250.00 244.9 401.9 569.89 781.2 789.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263971	1	S5125		10/15/13	10/15/13	22.00	86.68
263971	2	S5125		10/16/13	10/16/13	22.00	86.68
263971	3	S5125		10/18/13	10/18/13	22.00	86.68
CLAIM TOTAL							260.04
CLAIM ACCOUNT REF.							2639710012011600SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011601   2011601   JACKSON, PATRICIA                      08/10/1960    GNT04501100                      1/26/2009-00708-0049  
DIAGNOSIS CODES :   042.    311.       401.9       493.90       944.14  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263978	1	T1019				10/14/13	10/14/13	20.00	78.80	
263978	2	T1019				10/16/13	10/16/13	20.00	78.80	
263978	3	T1019				10/17/13	10/17/13	20.00	78.80	
263978	4	T1019				10/18/13	10/18/13	20.00	78.80	
CLAIM TOTAL									315.20	CLAIM ACCOUNT REF.    2639780012011601SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011654   2011654   ALIX, PEDRO                      01/31/1937    GNT03916300                      7/26/2011-00282-0022  
DIAGNOSIS CODES :   294.10   401.9       602.8  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263912	1	S5126				10/12/13	10/12/13	1.00	200.00	
263912	2	S5126				10/13/13	10/13/13	1.00	200.00	
263912	3	S5126				10/14/13	10/14/13	1.00	200.00	
263912	4	S5126				10/15/13	10/15/13	1.00	200.00	
263912	5	S5126				10/16/13	10/16/13	1.00	200.00	
263912	6	S5126				10/18/13	10/18/13	1.00	200.00	
CLAIM TOTAL									1,200.00	CLAIM ACCOUNT REF.    2639120012011654SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011659   2011659   RIVERA MARTINEZ, GLORI                      01/22/1938    GNT02887600                      8/23/2005-00354-0060  
DIAGNOSIS CODES :   253.5   244.9       272.4       369.00       401.9       493.92  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
264043	1	S5125				10/12/13	10/12/13	28.00	110.32	
264043	2	S5125				10/13/13	10/13/13	28.00	110.32	
264043	3	S5125				10/14/13	10/14/13	28.00	110.32	
264043	4	S5125				10/15/13	10/15/13	28.00	110.32	
264043	5	S5125				10/16/13	10/16/13	28.00	110.32	
264043	6	S5125				10/17/13	10/17/13	28.00	110.32	
264043	7	S5125				10/18/13	10/18/13	28.00	110.32	
CLAIM TOTAL									772.24	CLAIM ACCOUNT REF.    2640430012011659SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011662 2011662 GONZALEZ MONTALVO, RA 02/10/1935 GNT02343300 3/24/2004-00008-0047  
DIAGNOSIS CODES : 253.5 272.4 369.60 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263964	1	S5125		10/12/13	10/12/13	16.00	63.04
263964	2	S5125		10/13/13	10/13/13	16.00	63.04
263964	3	S5125		10/14/13	10/14/13	4.00	15.76
263964	4	S5125		10/15/13	10/15/13	16.00	63.04
263964	5	S5125		10/16/13	10/16/13	16.00	63.04
263964	6	S5125		10/17/13	10/17/13	16.00	63.04
263964	7	S5125		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2639640012011662SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008342 2011663 MARTIN, RUTH 08/25/1927 GNT06371400 9/28/2012-00964-0011  
DIAGNOSIS CODES : 331.0 208.91 290.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263995	1	S5126		10/12/13	10/12/13	1.00	200.00
263995	2	S5126		10/13/13	10/13/13	1.00	200.00
263995	3	S5126		10/14/13	10/14/13	1.00	200.00
263995	4	S5126		10/15/13	10/15/13	1.00	200.00
263995	5	S5126		10/16/13	10/16/13	1.00	200.00
263995	6	S5126		10/17/13	10/17/13	1.00	200.00
263995	7	S5126		10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL							1,400.00

CLAIM ACCOUNT REF. 2639950012011663SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011694 2011694 LORA, FERNANDO 08/20/1935 GNT03342600 11/3/2006-00417-0039  
DIAGNOSIS CODES : 429.9 386.9 602.8 716.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263988	1	S5125		10/14/13	10/14/13	32.00	126.08
263988	2	S5125		10/15/13	10/15/13	32.00	126.08
263988	3	S5125		10/16/13	10/16/13	32.00	126.08
263988	4	S5125		10/17/13	10/17/13	32.00	126.08
CLAIM TOTAL							504.32

CLAIM ACCOUNT REF. 2639880012011694SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = GUILD                      GUILDNET

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   1999409    2011750    ZARE, GLORIA                      05/07/1943    GNT03716600                      6/28/2007-00093-0102  
DIAGNOSIS CODES :    716.00    250.00    272.2                      311.                      401.9                      715.90                      781.2  
CLAIM REFERENCE #:                                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264092	1	S5125		10/06/13	10/06/13	32.00	126.08
264092	2	S5125		10/12/13	10/12/13	32.00	126.08
264092	3	S5125		10/13/13	10/13/13	32.00	126.08
264092	4	S5125		10/14/13	10/14/13	32.00	126.08
264092	5	S5125		10/15/13	10/15/13	32.00	126.08
264092	6	S5125		10/16/13	10/16/13	32.00	126.08
264092	7	S5125		10/17/13	10/17/13	32.00	126.08
264092	8	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL						1,008.64	CLAIM ACCOUNT REF.    2640920012011750SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011769    2011769    COMET, JULIA                      10/07/1934    GNT04442600                      11/25/2008-00698-0025  
DIAGNOSIS CODES :    401.9                      272.2                      365.9                      530.81  
CLAIM REFERENCE #:                                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263936	1	T1019		10/14/13	10/14/13	24.00	94.56
263936	2	T1019		10/15/13	10/15/13	24.00	94.56
263936	3	T1019		10/16/13	10/16/13	24.00	94.56
263936	4	T1019		10/17/13	10/17/13	24.00	94.56
263936	5	T1019		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL						472.80	CLAIM ACCOUNT REF.    2639360012011769SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001   2011770    2011770    GUZMAN, ALICIA                      05/26/1937    GNT00484900                      12/5/2003-00110-0042  
DIAGNOSIS CODES :    300.20                      300.00                      715.00  
CLAIM REFERENCE #:                                      CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263970	1	T1019		10/15/13	10/15/13	16.00	63.04
263970	2	T1019		10/16/13	10/16/13	16.00	63.04
263970	3	T1019		10/17/13	10/17/13	16.00	63.04
263970	4	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL						252.16	CLAIM ACCOUNT REF.    2639700012011770SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011771 2011771 LEMOINE, RICARDA 05/14/1925 GNT03700100 12/4/2008-00072-0006  
DIAGNOSIS CODES : 715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263986	1	S5125		10/12/13	10/12/13	16.00	63.04
263986	2	S5125		10/13/13	10/13/13	16.00	63.04
263986	3	S5125		10/14/13	10/14/13	16.00	63.04
263986	4	S5125		10/15/13	10/15/13	16.00	63.04
263986	5	S5125		10/16/13	10/16/13	16.00	63.04
263986	6	S5125		10/17/13	10/17/13	16.00	63.04
263986	7	S5125		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							441.28

CLAIM ACCOUNT REF. 2639860012011771SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0031  
DIAGNOSIS CODES : 401.9 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263992	1	T1019		09/30/13	09/30/13	16.00	63.04
CLAIM TOTAL							63.04

CLAIM ACCOUNT REF. 2639920012011772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011772 2011772 MARIANI, MARIA 03/24/1934 GNT03761400 7/30/2007-00421-0032  
DIAGNOSIS CODES : 401.9 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263993	1	T1019		10/01/13	10/01/13	16.00	63.04
263993	2	T1019		10/02/13	10/02/13	16.00	63.04
263993	3	T1019		10/04/13	10/04/13	16.00	63.04
263993	4	T1019		10/07/13	10/07/13	16.00	63.04
263993	5	T1019		10/08/13	10/08/13	16.00	63.04
263993	6	T1019		10/09/13	10/09/13	16.00	63.04
263993	7	T1019		10/10/13	10/10/13	16.00	63.04
263993	8	T1019		10/11/13	10/11/13	16.00	63.04
263993	9	T1019		10/14/13	10/14/13	16.00	63.04
263993	10	T1019		10/15/13	10/15/13	16.00	63.04
263993	11	T1019		10/16/13	10/16/13	16.00	63.04
263993	12	T1019		10/17/13	10/17/13	16.00	63.04
263993	13	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							819.52

CLAIM ACCOUNT REF. 2639930012011772SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011773 2011773 NUNEZ, REYNA 11/28/1964 GNT02970200 10/27/2005-00154-0072  
DIAGNOSIS CODES : 296.80  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264015	1	T1019		10/14/13	10/14/13	16.00	63.04
264015	2	T1019		10/15/13	10/15/13	16.00	63.04
264015	3	T1019		10/16/13	10/16/13	16.00	63.04
264015	4	T1019		10/17/13	10/17/13	16.00	63.04
264015	5	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2640150012011773SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011774 2011774 QUINONES, ENEIDA 02/29/1936 GNT03606700 10/3/2007-00270-0037  
DIAGNOSIS CODES : 493.92 714.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264034	1	T1019		10/07/13	10/07/13	16.00	63.04
264034	2	T1019		10/09/13	10/09/13	16.00	63.04
264034	3	T1019		10/10/13	10/10/13	16.00	63.04
264034	4	T1019		10/11/13	10/11/13	16.00	63.04
CLAIM TOTAL							252.16
CLAIM ACCOUNT REF.							2640340012011774SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011781 2011781 THEN, MARIA 02/12/1942 GNT04429300 10/27/2008-00334-0091  
DIAGNOSIS CODES : 585.6 250.93 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264070	1	S5125		10/10/13	10/10/13	12.00	47.28
264070	2	S5125		10/12/13	10/12/13	28.00	110.32
264070	3	S5125		10/14/13	10/14/13	36.00	141.84
264070	4	S5125		10/15/13	10/15/13	28.00	110.32
264070	5	S5125		10/16/13	10/16/13	36.00	141.84
264070	6	S5125		10/17/13	10/17/13	28.00	110.32
264070	7	S5125		10/18/13	10/18/13	36.00	141.84
CLAIM TOTAL							803.76
CLAIM ACCOUNT REF.							2640700012011781SUP



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011782 2011782 THERMOSY, MARIE P 06/10/1917 GNT02791600 6/23/2005-00052-0046  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264071	1	S5125		10/12/13	10/12/13	20.00	78.80
264071	2	S5125		10/14/13	10/14/13	32.00	126.08
264071	3	S5125		10/15/13	10/15/13	32.00	126.08
264071	4	S5125		10/16/13	10/16/13	32.00	126.08
264071	5	S5125		10/17/13	10/17/13	32.00	126.08
264071	6	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							709.20

CLAIM ACCOUNT REF. 2640710012011782SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011783 2011783 VARGAS, ALCIBIADES 07/06/1918 GNT00492400 12/5/2003-00041-0044  
DIAGNOSIS CODES : 715.00 401.9 530.81 696.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264078	1	T1019		10/12/13	10/12/13	20.00	78.80
264078	2	T1019		10/13/13	10/13/13	20.00	78.80
264078	3	T1019		10/14/13	10/14/13	20.00	78.80
264078	4	T1019		10/15/13	10/15/13	20.00	78.80
264078	5	T1019		10/16/13	10/16/13	20.00	78.80
264078	6	T1019		10/17/13	10/17/13	20.00	78.80
264078	7	T1019		10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL							551.60

CLAIM ACCOUNT REF. 2640780012011783SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011787 2011787 SANTIAGO, ARMINDA 05/19/1932 GNT02860500 7/26/2005-00146-0055  
DIAGNOSIS CODES : 253.5 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264059	1	T1019		10/03/13	10/03/13	16.00	63.04
264059	2	T1019		10/14/13	10/14/13	16.00	63.04
264059	3	T1019		10/15/13	10/15/13	16.00	63.04
264059	4	T1019		10/16/13	10/16/13	16.00	63.04
264059	5	T1019		10/17/13	10/17/13	16.00	63.04
264059	6	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2640590012011787SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011788 2011788 SANTIAGO, VICTORIO 11/18/1941 93701469700 8/30/2012-00607-0007  
DIAGNOSIS CODES : 401.9 244.9 272.4 715.93  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264062	1	T1019	TT			10/01/13	10/01/13	15.00	62.85
264062	2	T1019	TT			10/02/13	10/02/13	15.00	62.85
264062	3	T1019	TT			10/03/13	10/03/13	16.00	67.04
264062	4	T1019	TT			10/04/13	10/04/13	15.00	62.85
264062	5	T1019	TT			10/07/13	10/07/13	16.00	67.04
264062	6	T1019	TT			10/08/13	10/08/13	16.00	67.04
264062	7	T1019	TT			10/09/13	10/09/13	16.00	67.04
264062	8	T1019	TT			10/10/13	10/10/13	16.00	67.04
264062	9	T1019	TT			10/11/13	10/11/13	16.00	67.04
264062	10	T1019	TT			10/14/13	10/14/13	16.00	67.04
264062	11	T1019	TT			10/15/13	10/15/13	16.00	67.04
264062	12	T1019	TT			10/16/13	10/16/13	16.00	67.04
264062	13	T1019	TT			10/17/13	10/17/13	16.00	67.04
264062	14	T1019	TT			10/18/13	10/18/13	16.00	67.04
CLAIM TOTAL									925.99
CLAIM ACCOUNT REF.									2640620012011788SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011797 2011797 CARTAGENA, LUZ 10/05/1948 GNT00039700 2/1/2012-01193-0009  
DIAGNOSIS CODES : 369.9 272.4 300.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263929	1	T1019				10/14/13	10/14/13	20.00	78.80
263929	2	T1019				10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL									157.60
CLAIM ACCOUNT REF.									2639290012011797SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011798 2011798 CUCALON, INES 04/20/1926 GNT05761000 6/28/2012-00905-0012  
DIAGNOSIS CODES : 331.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263937	1	S5125				10/12/13	10/12/13	46.00	181.24
263937	2	S5125				10/13/13	10/13/13	46.00	181.24
263937	3	S5125				10/14/13	10/14/13	38.00	149.72
263937	4	S5125				10/15/13	10/15/13	38.00	149.72
263937	5	S5125				10/16/13	10/16/13	38.00	149.72
263937	6	S5125				10/18/13	10/18/13	40.00	157.60

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	969.24	2639370012011798SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011800	2011800	FRANCIS, VICTORIA	11/22/1924	GNT03398100	9/26/2006-00356-0044
DIAGNOSIS CODES : 290.0							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263960	1	S5125		10/14/13	10/14/13	28.00	110.32	
263960	2	S5125		10/16/13	10/16/13	28.00	110.32	
263960	3	S5125		10/17/13	10/17/13	28.00	110.32	
263960	4	S5125		10/18/13	10/18/13	28.00	110.32	
						CLAIM TOTAL	441.28	2639600012011800SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011801	2011801	GARCIA2, MARIA A	09/09/1930	GNT02860800	8/10/2012-00011-0010
DIAGNOSIS CODES : 250.00 244.9 272.4 311. 401.9 733.00							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
263962	1	S5125		10/12/13	10/12/13	28.00	110.32	
263962	2	S5125		10/13/13	10/13/13	28.00	110.32	
263962	3	S5125		10/14/13	10/14/13	28.00	110.32	
263962	4	S5125		10/15/13	10/15/13	26.00	102.44	
263962	5	S5125		10/16/13	10/16/13	28.00	110.32	
263962	6	S5125		10/17/13	10/17/13	28.00	110.32	
263962	7	S5125		10/18/13	10/18/13	28.00	110.32	
						CLAIM TOTAL	764.36	2639620012011801SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011821	2011821	GONZALEZ, CARMEN	08/15/1948	GNT0098100	12/20/2003-00011-0062
DIAGNOSIS CODES : 138.							
CLAIM REFERENCE #:							

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263965	1	S5125		10/07/13	10/07/13	16.00	63.04
263965	2	S5125		10/09/13	10/09/13	16.00	63.04
263965	3	S5125		10/10/13	10/10/13	16.00	63.04
263965	4	S5125		10/11/13	10/11/13	16.00	63.04
263965	5	S5125		10/14/13	10/14/13	16.00	63.04
263965	6	S5125		10/15/13	10/15/13	16.00	63.04
263965	7	S5125		10/16/13	10/16/13	16.00	63.04
263965	8	S5125		10/17/13	10/17/13	16.00	63.04

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263965	9	S5125		10/18/13	10/18/13	16.00	63.04	
						CLAIM TOTAL	567.36	CLAIM ACCOUNT REF. 2639650012011821SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011822 2011822 GREAVES, BARBARA 08/15/1945 GNT03748500 3/26/2012-00496-0007  
DIAGNOSIS CODES : 436. 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263967	1	T1019		10/07/13	10/07/13	16.00	63.04	
263967	2	T1019		10/09/13	10/09/13	16.00	63.04	
263967	3	T1019		10/18/13	10/18/13	12.00	47.28	
						CLAIM TOTAL	173.36	CLAIM ACCOUNT REF. 2639670012011822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011823 2011823 HERNANDEZ, LUZ 01/01/1933 GNT00568800 3/10/2009-00033-0008  
DIAGNOSIS CODES : 250.00 530.81 715.00 780.93 781.2  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263974	1	S5125		10/14/13	10/14/13	24.00	94.56	
263974	2	S5125		10/15/13	10/15/13	24.00	94.56	
263974	3	S5125		10/16/13	10/16/13	24.00	94.56	
263974	4	S5125		10/17/13	10/17/13	24.00	94.56	
263974	5	S5125		10/18/13	10/18/13	24.00	94.56	
						CLAIM TOTAL	472.80	CLAIM ACCOUNT REF. 2639740012011823SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011824 2011824 HICKS, SYLVIA 03/03/1937 9370331550 5/5/2011-00713-0013  
DIAGNOSIS CODES : 717.0 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263975	1	S5125		10/12/13	10/12/13	16.00	63.04	
263975	2	S5125		10/13/13	10/13/13	16.00	63.04	
263975	3	S5125		10/14/13	10/14/13	30.00	118.20	
263975	4	S5125		10/15/13	10/15/13	26.00	102.44	
263975	5	S5125		10/16/13	10/16/13	30.00	118.20	
263975	6	S5125		10/17/13	10/17/13	26.00	102.44	
263975	7	S5125		10/18/13	10/18/13	30.00	118.20	
						CLAIM TOTAL	685.56	CLAIM ACCOUNT REF. 2639750012011824SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011841 2011841 SANTANA, OCTAVIO 12/03/1934 GNT00231600 12/5/2003-00017-0065  
DIAGNOSIS CODES : 717.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264058	1	T1019		09/30/13	09/30/13	20.00	78.80
264058	2	T1019		10/02/13	10/02/13	20.00	78.80
264058	3	T1019		10/03/13	10/03/13	20.00	78.80
264058	4	T1019		10/04/13	10/04/13	20.00	78.80
264058	5	T1019		10/07/13	10/07/13	20.00	78.80
264058	6	T1019		10/08/13	10/08/13	20.00	78.80
264058	7	T1019		10/09/13	10/09/13	20.00	78.80
264058	8	T1019		10/10/13	10/10/13	20.00	78.80
264058	9	T1019		10/11/13	10/11/13	20.00	78.80
264058	10	T1019		10/14/13	10/14/13	20.00	78.80
264058	11	T1019		10/15/13	10/15/13	20.00	78.80

CLAIM TOTAL

866.80

CLAIM ACCOUNT REF. 2640580012011841SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011844 2011844 MONTES, ADOLFO 05/31/1930 GNT02561100 10/27/2004-00028-0054  
DIAGNOSIS CODES : 250.70 331.0 365.9 436.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264004	1	S5125		10/12/13	10/12/13	24.00	94.56
264004	2	S5125		10/13/13	10/13/13	24.00	94.56
264004	3	S5125		10/14/13	10/14/13	24.00	94.56
264004	4	S5125		10/15/13	10/15/13	24.00	94.56
264004	5	S5125		10/16/13	10/16/13	24.00	94.56
264004	6	S5125		10/17/13	10/17/13	24.00	94.56
264004	7	S5125		10/18/13	10/18/13	24.00	94.56

CLAIM TOTAL

661.92

CLAIM ACCOUNT REF. 2640040012011844SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011846 2011846 ZARAGOZA, ISABEL 07/14/1933 GNT06005500 2/27/2012-00405-0010  
DIAGNOSIS CODES : 781.2 244.9 272.4 401.9 715.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264091	1	S5125		10/07/13	10/07/13	32.00	126.08
264091	2	S5125		10/08/13	10/08/13	32.00	126.08
264091	3	S5125		10/09/13	10/09/13	32.00	126.08
264091	4	S5125		10/10/13	10/10/13	32.00	126.08

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PROVIDER ID = 113502051  
PAYER ID = GUILD

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GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264091	5	S5125		10/11/13	10/11/13	32.00	126.08
264091	6	S5125		10/14/13	10/14/13	32.00	126.08
264091	7	S5125		10/15/13	10/15/13	32.00	126.08
264091	8	S5125		10/16/13	10/16/13	32.00	126.08
264091	9	S5125		10/17/13	10/17/13	32.00	126.08
CLAIM TOTAL							1,134.72

CLAIM ACCOUNT REF. 2640910012011846SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011847 2011847 RAMOS, CECILIA 08/06/1922 GNT00206000 1/27/2010-00192-0021  
DIAGNOSIS CODES : 401.9 188.9 244.9 272.4 311.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264035	1	S5125		10/12/13	10/12/13	32.00	126.08
264035	2	S5125		10/13/13	10/13/13	32.00	126.08
264035	3	S5125		10/14/13	10/14/13	40.00	157.60
264035	4	S5125		10/15/13	10/15/13	40.00	157.60
264035	5	S5125		10/16/13	10/16/13	40.00	157.60
264035	6	S5125		10/17/13	10/17/13	40.00	157.60
264035	7	S5125		10/18/13	10/18/13	40.00	157.60
CLAIM TOTAL							1,040.16

CLAIM ACCOUNT REF. 2640350012011847SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011848 2011848 LANZILOTTA, ROSA 06/05/1925 93702509600 3/10/2010-00013-0032  
DIAGNOSIS CODES : 733.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263984	1	S5125		10/12/13	10/12/13	16.00	63.04
263984	2	S5125		10/13/13	10/13/13	16.00	63.04
263984	3	S5125		10/14/13	10/14/13	32.00	126.08
263984	4	S5125		10/15/13	10/15/13	32.00	126.08
263984	5	S5125		10/16/13	10/16/13	32.00	126.08
263984	6	S5125		10/17/13	10/17/13	32.00	126.08
263984	7	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							756.48

CLAIM ACCOUNT REF. 2639840012011848SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011851 2011851 SANTIAGO, ILIA 11/16/1924 GNT02886300 5/27/2011-00318-0013  
DIAGNOSIS CODES : 436. 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PAYER ID = GUILD                      GUILDNET

264060	1	S5125	10/12/13	10/12/13	32.00	126.08
264060	2	S5125	10/13/13	10/13/13	32.00	126.08
264060	3	S5125	10/15/13	10/15/13	30.00	118.20
264060	4	S5125	10/16/13	10/16/13	32.00	126.08
264060	5	S5125	10/17/13	10/17/13	32.00	126.08
264060	6	S5125	10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL						748.60
CLAIM ACCOUNT REF.						2640600012011851SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011852 2011852 FERNANDEZ, FELIX 11/20/1935 GNT04997300 8/27/2010-00570-0017  
DIAGNOSIS CODES : 715.00 253.5  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263956	1	S5125		10/08/13	10/08/13	16.00	63.04
263956	2	S5125		10/14/13	10/14/13	16.00	63.04
263956	3	S5125		10/15/13	10/15/13	16.00	63.04
263956	4	S5125		10/16/13	10/16/13	16.00	63.04
263956	5	S5125		10/17/13	10/17/13	16.00	63.04
CLAIM TOTAL							315.20
CLAIM ACCOUNT REF.							2639560012011852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011854 2011854 LOPEZ, CARMEN 12/05/1929 GNT02469800 7/26/2004-00050-0050  
DIAGNOSIS CODES : 331.0 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263987	1	S5125		10/12/13	10/12/13	22.00	86.68
263987	2	S5125		10/13/13	10/13/13	24.00	94.56
263987	3	S5125		10/14/13	10/14/13	26.00	102.44
263987	4	S5125		10/15/13	10/15/13	28.00	110.32
263987	5	S5125		10/16/13	10/16/13	28.00	110.32
263987	6	S5125		10/17/13	10/17/13	25.00	98.50
263987	7	S5125		10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL							713.14
CLAIM ACCOUNT REF.							2639870012011854SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011859 2011859 SANTIAGO, IVETH 10/24/1945 93703401100 6/20/2012-00649-0016  
DIAGNOSIS CODES : 428.32 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264061	1	S5125		10/12/13	10/12/13	28.00	110.32
264061	2	S5125		10/14/13	10/14/13	28.00	110.32

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264061	3	S5125		10/15/13	10/15/13	28.00	110.32	
264061	4	S5125		10/16/13	10/16/13	28.00	110.32	
264061	5	S5125		10/17/13	10/17/13	27.00	106.38	
264061	6	S5125		10/18/13	10/18/13	28.00	110.32	
					CLAIM TOTAL		657.98	CLAIM ACCOUNT REF. 2640610012011859SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011860	2011860	MOYA, MARINA	11/25/1914	GNT02982600	11/28/2005-00193-0063

DIAGNOSIS CODES : 716.90

CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264008	1	S5125		10/12/13	10/12/13	20.00	78.80	
264008	2	S5125		10/13/13	10/13/13	20.00	78.80	
264008	3	S5125		10/14/13	10/14/13	24.00	94.56	
264008	4	S5125		10/15/13	10/15/13	24.00	94.56	
264008	5	S5125		10/16/13	10/16/13	24.00	94.56	
264008	6	S5125		10/17/13	10/17/13	24.00	94.56	
264008	7	S5125		10/18/13	10/18/13	24.00	94.56	
					CLAIM TOTAL		630.40	CLAIM ACCOUNT REF. 2640080012011860SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011861	2011861	TORRES, JUANITA	06/21/1931	GNT03848300	9/26/2007-00282-0075

DIAGNOSIS CODES : 715.00 272.4 401.9

CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264073	1	T1019		10/13/13	10/13/13	24.00	94.56	
264073	2	T1019		10/14/13	10/14/13	32.00	126.08	
264073	3	T1019		10/15/13	10/15/13	32.00	126.08	
264073	4	T1019		10/16/13	10/16/13	32.00	126.08	
264073	5	T1019		10/17/13	10/17/13	32.00	126.08	
264073	6	T1019		10/18/13	10/18/13	32.00	126.08	
					CLAIM TOTAL		724.96	CLAIM ACCOUNT REF. 2640730012011861SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011862	2011862	VENTURA, DAISY	03/02/1951	GNT04421500	3/28/2012-00715-0008

DIAGNOSIS CODES : 311.

CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264084	1	T1019		10/07/13	10/07/13	20.00	78.80
264084	2	T1019		10/08/13	10/08/13	20.00	78.80



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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264084	3	T1019		10/09/13	10/09/13	20.00	78.80	
264084	4	T1019		10/10/13	10/10/13	20.00	78.80	
264084	5	T1019		10/11/13	10/11/13	20.00	78.80	
					CLAIM TOTAL		394.00	CLAIM ACCOUNT REF. 2640840012011862SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011863 2011863 OLMO, GLORIA 04/20/1923 GNT03506500 11/28/2006-00378-0048  
DIAGNOSIS CODES : 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264018	1	S5125		10/12/13	10/12/13	16.00	63.04	
264018	2	S5125		10/13/13	10/13/13	16.00	63.04	
264018	3	S5125		10/14/13	10/14/13	16.00	63.04	
264018	4	S5125		10/15/13	10/15/13	16.00	63.04	
264018	5	S5125		10/16/13	10/16/13	16.00	63.04	
264018	6	S5125		10/17/13	10/17/13	16.00	63.04	
264018	7	S5125		10/18/13	10/18/13	16.00	63.04	
					CLAIM TOTAL		441.28	CLAIM ACCOUNT REF. 2640180012011863SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011864 2011864 IGLESIAS, JUANA 09/23/1918 GNT00117600 12/9/2003-00125-0097  
DIAGNOSIS CODES : 331.82  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263976	1	S5125		10/12/13	10/12/13	96.00	378.24	
263976	2	S5125		10/13/13	10/13/13	96.00	378.24	
263976	3	S5125		10/14/13	10/14/13	80.00	315.20	
263976	4	S5125		10/15/13	10/15/13	80.00	315.20	
263976	5	S5125		10/16/13	10/16/13	80.00	315.20	
263976	6	S5125		10/17/13	10/17/13	80.00	315.20	
263976	7	S5125		10/18/13	10/18/13	80.00	315.20	
					CLAIM TOTAL		2,332.48	CLAIM ACCOUNT REF. 2639760012011864SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011866 2011866 FELIPE, ROSA 12/13/1930 GNT02393600 4/26/2004-00011-0048  
DIAGNOSIS CODES : 716.90 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263954	1	S5125		10/12/13	10/12/13	16.00	63.04
263954	2	S5125		10/13/13	10/13/13	16.00	63.04

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263954	3	S5125		10/14/13	10/14/13	16.00	63.04	
263954	4	S5125		10/15/13	10/15/13	16.00	63.04	
263954	5	S5125		10/16/13	10/16/13	16.00	63.04	
263954	6	S5125		10/17/13	10/17/13	16.00	63.04	
263954	7	S5125		10/18/13	10/18/13	16.00	63.04	
				CLAIM TOTAL			441.28	CLAIM ACCOUNT REF. 2639540012011866SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011871 2011871 OJEDA, SARA 10/14/1939 GNT02646000 7/27/2006-00037-0059  
DIAGNOSIS CODES : 331.0 250.02  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264017	1	S5125 TT		08/27/13	08/27/13	20.00	83.80	
264017	2	S5125 TT		10/05/13	10/05/13	20.00	83.80	
264017	3	S5125 TT		10/12/13	10/12/13	20.00	83.80	
264017	4	S5125 TT		10/13/13	10/13/13	20.00	83.80	
264017	5	S5125 TT		10/14/13	10/14/13	32.00	134.08	
264017	6	S5125 TT		10/15/13	10/15/13	32.00	134.08	
264017	7	S5125 TT		10/16/13	10/16/13	32.00	134.08	
264017	8	S5125 TT		10/17/13	10/17/13	32.00	134.08	
264017	9	S5125 TT		10/18/13	10/18/13	32.00	134.08	
				CLAIM TOTAL			1,005.60	CLAIM ACCOUNT REF. 2640170012011871SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011877 2011877 MONTALVO, VERONICA 01/13/1932 GNT03799400 8/3/2007-00249-0027  
DIAGNOSIS CODES : 733.00 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264003	1	T1019		10/07/13	10/07/13	20.00	78.80	
264003	2	T1019		10/09/13	10/09/13	20.00	78.80	
264003	3	T1019		10/10/13	10/10/13	20.00	78.80	
264003	4	T1019		10/11/13	10/11/13	20.00	78.80	
264003	5	T1019		10/14/13	10/14/13	20.00	78.80	
264003	6	T1019		10/15/13	10/15/13	20.00	78.80	
264003	7	T1019		10/16/13	10/16/13	20.00	78.80	
264003	8	T1019		10/17/13	10/17/13	20.00	78.80	
264003	9	T1019		10/18/13	10/18/13	20.00	78.80	
				CLAIM TOTAL			709.20	CLAIM ACCOUNT REF. 2640030012011877SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011912 2011912 CANINO, CARMEN 12/06/1941 GNT0279200 5/26/2005-00169-0071  
DIAGNOSIS CODES : 715.00 250.00 401.9 493.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263926	1	S5125			10/12/13	10/12/13	16.00	63.04
263926	2	S5125			10/13/13	10/13/13	16.00	63.04
263926	3	S5125			10/14/13	10/14/13	24.00	94.56
263926	4	S5125			10/15/13	10/15/13	24.00	94.56
263926	5	S5125			10/16/13	10/16/13	24.00	94.56
263926	6	S5125			10/17/13	10/17/13	24.00	94.56
263926	7	S5125			10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL								598.88
								CLAIM ACCOUNT REF. 2639260012011912SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011913 2011913 PATTERSON, RUMELLA 04/29/1939 GNT02544200 10/28/2004-00029-0058  
DIAGNOSIS CODES : 443.9 250.00 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264023	1	S5125			10/14/13	10/14/13	16.00	63.04
264023	2	S5125			10/16/13	10/16/13	16.00	63.04
264023	3	S5125			10/17/13	10/17/13	16.00	63.04
264023	4	S5125			10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL								252.16
								CLAIM ACCOUNT REF. 2640230012011913SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011916 2011916 ORTIZ, ANTHONY 10/31/1940 93700799800 8/7/2008-00011-0049  
DIAGNOSIS CODES : 428.0 369.3 253.5  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264019	1	S5125			10/12/13	10/12/13	28.00	110.32
264019	2	S5125			10/14/13	10/14/13	28.00	110.32
264019	3	S5125			10/15/13	10/15/13	28.00	110.32
264019	4	S5125			10/16/13	10/16/13	28.00	110.32
264019	5	S5125			10/17/13	10/17/13	28.00	110.32
264019	6	S5125			10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL								661.92
								CLAIM ACCOUNT REF. 2640190012011916SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011953 2011953 DE LA CRUZ, AGUSTINA 08/28/1935 GNT03053600 10/30/2008-00001-0024  
DIAGNOSIS CODES : 716.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263939	1	S5125		10/01/13	10/01/13	21.00	82.74
263939	2	S5125		10/02/13	10/02/13	22.00	86.68
263939	3	S5125		10/03/13	10/03/13	20.00	78.80
263939	4	S5125		10/04/13	10/04/13	22.00	86.68
263939	5	S5125		10/05/13	10/05/13	15.00	59.10
263939	6	S5125		10/06/13	10/06/13	16.00	63.04
263939	7	S5125		10/07/13	10/07/13	22.00	86.68
263939	8	S5125		10/08/13	10/08/13	21.00	82.74
263939	9	S5125		10/09/13	10/09/13	22.00	86.68
263939	10	S5125		10/10/13	10/10/13	21.00	82.74
263939	11	S5125		10/11/13	10/11/13	22.00	86.68
263939	12	S5125		10/12/13	10/12/13	16.00	63.04
263939	13	S5125		10/13/13	10/13/13	16.00	63.04
263939	14	S5125		10/14/13	10/14/13	22.00	86.68
263939	15	S5125		10/15/13	10/15/13	22.00	86.68
263939	16	S5125		10/16/13	10/16/13	22.00	86.68
263939	17	S5125		10/17/13	10/17/13	22.00	86.68
263939	18	S5125		10/18/13	10/18/13	22.00	86.68
CLAIM TOTAL						1,442.04	CLAIM ACCOUNT REF. 2639390012011953SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011957 2011957 MARRERO, PHILLIP 07/16/1945 GNT00157200 6/21/2012-00200-0006  
DIAGNOSIS CODES : 314.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263994	1	S5126		09/19/13	09/19/13	1.00	200.00
263994	2	S5126		10/03/13	10/03/13	1.00	200.00
263994	3	S5126		10/06/13	10/06/13	1.00	200.00
263994	4	S5126		10/10/13	10/10/13	1.00	200.00
263994	5	S5126		10/12/13	10/12/13	1.00	200.00
263994	6	S5126		10/13/13	10/13/13	1.00	200.00
263994	7	S5126		10/14/13	10/14/13	1.00	200.00
263994	8	S5126		10/15/13	10/15/13	1.00	200.00
263994	9	S5126		10/16/13	10/16/13	1.00	200.00
263994	10	S5126		10/17/13	10/17/13	1.00	200.00
263994	11	S5126		10/18/13	10/18/13	1.00	200.00
CLAIM TOTAL						2,200.00	CLAIM ACCOUNT REF. 2639940012011957SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011960 2011960 BUSTAMENTE, GABRIEL 07/08/1938 93702523200 1/8/2010-00120-0020  
DIAGNOSIS CODES : 250.00 428.0 716.98  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263924	1	S5125		10/12/13	10/12/13	12.00	47.28
263924	2	S5125		10/14/13	10/14/13	20.00	78.80
263924	3	S5125		10/15/13	10/15/13	20.00	78.80
263924	4	S5125		10/16/13	10/16/13	20.00	78.80
263924	5	S5125		10/17/13	10/17/13	20.00	78.80
263924	6	S5125		10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL							441.28

CLAIM ACCOUNT REF. 2639240012011960SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011965 2011965 MATEO, RAFAEL 06/10/1939 93704189600 7/17/2013-00189-0002  
DIAGNOSIS CODES : 250.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263999	1	S5125		10/12/13	10/12/13	24.00	94.56
263999	2	S5125		10/13/13	10/13/13	24.00	94.56
263999	3	S5125		10/14/13	10/14/13	28.00	110.32
263999	4	S5125		10/15/13	10/15/13	28.00	110.32
263999	5	S5125		10/16/13	10/16/13	28.00	110.32
263999	6	S5125		10/17/13	10/17/13	28.00	110.32
263999	7	S5125		10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL							756.48

CLAIM ACCOUNT REF. 2639990012011965SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011967 2011967 MORALES, MARGARITA 11/10/1950 GNT02797600 5/31/2005-00081-0048  
DIAGNOSIS CODES : 715.90 401.9 493.92 753.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264007	1	T1019		10/14/13	10/14/13	20.00	78.80
264007	2	T1019		10/15/13	10/15/13	20.00	78.80
264007	3	T1019		10/16/13	10/16/13	20.00	78.80
264007	4	T1019		10/17/13	10/17/13	20.00	78.80
264007	5	T1019		10/18/13	10/18/13	20.00	78.80
CLAIM TOTAL							394.00

CLAIM ACCOUNT REF. 2640070012011967SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011978 2011978 CAQUIAS, LILLIAN 01/11/1936 GNT02965400 10/31/2005-00141-0051  
DIAGNOSIS CODES : 443.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
263927	1	S5125				10/18/13	10/18/13	16.00	63.04		
									CLAIM TOTAL	63.04	CLAIM ACCOUNT REF. 2639270012011978SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011979 2011979 BERRY, LEONOR 11/14/1934 GNT03239600 6/28/2006-00039-0048  
DIAGNOSIS CODES : 331.7 244.9 272.4 369.60 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
263921	1	S5125				10/13/13	10/13/13	32.00	126.08		
263921	2	S5125				10/14/13	10/14/13	32.00	126.08		
263921	3	S5125				10/15/13	10/15/13	32.00	126.08		
263921	4	S5125				10/17/13	10/17/13	32.00	126.08		
263921	5	S5125				10/18/13	10/18/13	32.00	126.08		
									CLAIM TOTAL	630.40	CLAIM ACCOUNT REF. 2639210012011979SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011982 2011982 VEGA, ADELAIDA 12/16/1934 93702952000 11/3/2010-00278-0026  
DIAGNOSIS CODES : 715.09 272.4 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT		
264081	1	S5126				10/12/13	10/12/13	1.00	200.00		
264081	2	S5126				10/13/13	10/13/13	1.00	200.00		
264081	3	S5126				10/14/13	10/14/13	1.00	200.00		
264081	4	S5126				10/15/13	10/15/13	1.00	200.00		
264081	5	S5126				10/16/13	10/16/13	1.00	200.00		
264081	6	S5126				10/17/13	10/17/13	1.00	200.00		
264081	7	S5126				10/18/13	10/18/13	1.00	200.00		
									CLAIM TOTAL	1,400.00	CLAIM ACCOUNT REF. 2640810012011982SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011983 2011983 TOUSSAINT, MIGUEL 03/28/1936 93702919600 10/8/2010-00520-0019  
DIAGNOSIS CODES : 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264075	1	S5125				10/12/13	10/12/13	16.00	63.04

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264075	2	S5125			10/13/13	10/13/13	16.00	63.04	
264075	3	S5125			10/14/13	10/14/13	20.00	78.80	
264075	4	S5125			10/15/13	10/15/13	20.00	78.80	
264075	5	S5125			10/16/13	10/16/13	20.00	78.80	
264075	6	S5125			10/17/13	10/17/13	20.00	78.80	
264075	7	S5125			10/18/13	10/18/13	20.00	78.80	
CLAIM TOTAL								520.08	CLAIM ACCOUNT REF. 2640750012011983SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011986 2011986 RUIZ, JAMES 05/04/1929 GNT00225800 12/26/2003-00008-0047  
DIAGNOSIS CODES : 362.01 250.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264053	1	S5125	TT		10/12/13	10/12/13	26.00	108.94	
264053	2	S5125	TT		10/13/13	10/13/13	26.00	108.94	
264053	3	S5125	TT		10/14/13	10/14/13	26.00	108.94	
264053	4	S5125	TT		10/15/13	10/15/13	26.00	108.94	
264053	5	S5125	TT		10/16/13	10/16/13	26.00	108.94	
264053	6	S5125	TT		10/17/13	10/17/13	26.00	108.94	
CLAIM TOTAL								653.64	CLAIM ACCOUNT REF. 2640530012011986SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011987 2011987 RUIZ, ROSA 11/30/1934 GNT00225900 12/26/2003-00009-0037  
DIAGNOSIS CODES : 369.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264054	1	S5125	TT		10/12/13	10/12/13	12.00	50.28	
264054	2	S5125	TT		10/13/13	10/13/13	12.00	50.28	
264054	3	S5125	TT		10/14/13	10/14/13	12.00	50.28	
264054	4	S5125	TT		10/15/13	10/15/13	12.00	50.28	
264054	5	S5125	TT		10/16/13	10/16/13	12.00	50.28	
264054	6	S5125	TT		10/17/13	10/17/13	12.00	50.28	
264054	7	S5125	TT		10/18/13	10/18/13	12.00	50.28	
CLAIM TOTAL								351.96	CLAIM ACCOUNT REF. 2640540012011987SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011988 2011988 RIVERA, LIDIA 12/01/1942 GNT02751500 4/27/2005-00174-0049  
DIAGNOSIS CODES : 294.8  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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PAYER ID = GUILD                      GUILDNET

264044	1	S5125	10/14/13	10/14/13	28.00	110.32
264044	2	S5125	10/15/13	10/15/13	28.00	110.32
264044	3	S5125	10/16/13	10/16/13	28.00	110.32
264044	4	S5125	10/17/13	10/17/13	28.00	110.32
264044	5	S5125	10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL						551.60
CLAIM ACCOUNT REF.						2640440012011988SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012000 2012000 GARCIA, LUCILA 11/01/1935 GNT02564500 10/25/2004-00009-0077  
DIAGNOSIS CODES : 438.85  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263961	1	S5125				10/14/13	10/14/13	28.00	110.32
263961	2	S5125				10/15/13	10/15/13	28.00	110.32
263961	3	S5125				10/16/13	10/16/13	28.00	110.32
263961	4	S5125				10/17/13	10/17/13	28.00	110.32
263961	5	S5125				10/18/13	10/18/13	28.00	110.32
CLAIM TOTAL									551.60
CLAIM ACCOUNT REF.									2639610012012000SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012001 2012001 REYES, MILAGROS 05/05/1957 GNT00210100 5/28/2010-00011-0034  
DIAGNOSIS CODES : 319. 244.9 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264040	1	T1019	TT			10/12/13	10/12/13	24.00	100.56
264040	2	T1019	TT			10/13/13	10/13/13	24.00	100.56
264040	3	T1019	TT			10/14/13	10/14/13	24.00	100.56
264040	4	T1019	TT			10/15/13	10/15/13	24.00	100.56
264040	5	T1019	TT			10/16/13	10/16/13	24.00	100.56
264040	6	T1019	TT			10/17/13	10/17/13	24.00	100.56
264040	7	T1019	TT			10/18/13	10/18/13	24.00	100.56
CLAIM TOTAL									703.92
CLAIM ACCOUNT REF.									2640400012012001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012018 2012018 LUNA, ELDA 06/21/1945 GNT06614700 11/30/2012-00607-0005  
DIAGNOSIS CODES : 714.0 285.8 733.00 780.96  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263991	1	T1019				10/12/13	10/12/13	24.00	94.56
263991	2	T1019				10/14/13	10/14/13	24.00	94.56
263991	3	T1019				10/15/13	10/15/13	24.00	94.56



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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263991	4	T1019		10/16/13	10/16/13	24.00	94.56	
263991	5	T1019		10/17/13	10/17/13	24.00	94.56	
263991	6	T1019		10/18/13	10/18/13	24.00	94.56	
CLAIM TOTAL							567.36	CLAIM ACCOUNT REF. 2639910012012018SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012037 2012037 GUERRA, MAYRA 01/24/1958 GNT02427000 7/30/2012-00572-0017  
DIAGNOSIS CODES : 716.90 311. 493.90 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263969	1	T1019		10/08/13	10/08/13	8.00	31.52	
263969	2	T1019		10/12/13	10/12/13	20.00	78.80	
263969	3	T1019		10/13/13	10/13/13	20.00	78.80	
263969	4	T1019		10/14/13	10/14/13	24.00	94.56	
263969	5	T1019		10/15/13	10/15/13	24.00	94.56	
263969	6	T1019		10/16/13	10/16/13	24.00	94.56	
263969	7	T1019		10/17/13	10/17/13	24.00	94.56	
263969	8	T1019		10/18/13	10/18/13	24.00	94.56	
CLAIM TOTAL							661.92	CLAIM ACCOUNT REF. 2639690012012037SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012056 2012056 RODRIGUEZ, JUAN 11/04/1920 93702665700 4/15/2010-00429-0020  
DIAGNOSIS CODES : 290.40 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264048	1	S5125		10/12/13	10/12/13	24.00	94.56	
264048	2	S5125		10/13/13	10/13/13	24.00	94.56	
264048	3	S5125		10/14/13	10/14/13	28.00	110.32	
264048	4	S5125		10/15/13	10/15/13	28.00	110.32	
264048	5	S5125		10/16/13	10/16/13	28.00	110.32	
264048	6	S5125		10/17/13	10/17/13	24.00	94.56	
264048	7	S5125		10/18/13	10/18/13	28.00	110.32	
CLAIM TOTAL							724.96	CLAIM ACCOUNT REF. 2640480012012056SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012059 2012059 CHICO, ANA 03/15/1957 GNT02386300 3/19/2013-00932-0003  
DIAGNOSIS CODES : 295.72  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263932	1	S5125 TT		10/05/13	10/05/13	12.00	50.28

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263932	2	S5125	TT		10/06/13	10/06/13	12.00	50.28	
263932	3	S5125	TT		10/12/13	10/12/13	12.00	50.28	
263932	4	S5125	TT		10/13/13	10/13/13	12.00	50.28	
263932	5	S5125	TT		10/14/13	10/14/13	12.00	50.28	
263932	6	S5125	TT		10/15/13	10/15/13	12.00	50.28	
263932	7	S5125	TT		10/16/13	10/16/13	12.00	50.28	
263932	8	S5125	TT		10/17/13	10/17/13	12.00	50.28	
263932	9	S5125	TT		10/18/13	10/18/13	12.00	50.28	
					CLAIM TOTAL			452.52	CLAIM ACCOUNT REF. 2639320012012059SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012060 2012060 COLON, MARIA 05/10/1925 GNT05960000 2/1/2012-01191-0018  
DIAGNOSIS CODES : 331.0 401.9 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263935	1	S5125			10/12/13	10/12/13	16.00	63.04	
263935	2	S5125			10/13/13	10/13/13	16.00	63.04	
263935	3	S5125			10/14/13	10/14/13	48.00	189.12	
263935	4	S5125			10/15/13	10/15/13	48.00	189.12	
263935	5	S5125			10/16/13	10/16/13	48.00	189.12	
263935	6	S5125			10/17/13	10/17/13	48.00	189.12	
263935	7	S5125			10/18/13	10/18/13	48.00	189.12	
					CLAIM TOTAL			1,071.68	CLAIM ACCOUNT REF. 2639350012012060SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012061 2012061 ENCARNACION, MARTIN 05/07/1965 GNT04160000 8/5/2008-00305-0022  
DIAGNOSIS CODES : 294.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263950	1	T1019	TT		10/08/13	10/08/13	12.00	50.28	
263950	2	T1019	TT		10/15/13	10/15/13	12.00	50.28	
263950	3	T1019	TT		10/16/13	10/16/13	12.00	50.28	
263950	4	T1019	TT		10/17/13	10/17/13	12.00	50.28	
263950	5	T1019	TT		10/18/13	10/18/13	12.00	50.28	
					CLAIM TOTAL			251.40	CLAIM ACCOUNT REF. 2639500012012061SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012062 2012062 LOZADA, RAMON 12/17/1946 GNT00424300 3/23/2012-00756-0013  
DIAGNOSIS CODES : 250.03 401.9 571.5 780.57  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263990	1	T1019				10/12/13	10/12/13	24.00	94.56
263990	2	T1019				10/14/13	10/14/13	20.00	78.80
263990	3	T1019				10/15/13	10/15/13	20.00	78.80
263990	4	T1019				10/16/13	10/16/13	24.00	94.56
263990	5	T1019				10/17/13	10/17/13	24.00	94.56
263990	6	T1019				10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL									535.84
CLAIM ACCOUNT REF.									2639900012012062SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012071 2012071 MORALES, ISIDRO 04/05/1923 GNT04846200 3/24/2010-00406-0022  
DIAGNOSIS CODES : 715.00 250.00 272.2 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264006	1	S5125				10/13/13	10/13/13	24.00	94.56
264006	2	S5125				10/14/13	10/14/13	24.00	94.56
264006	3	S5125				10/15/13	10/15/13	24.00	94.56
264006	4	S5125				10/16/13	10/16/13	24.00	94.56
264006	5	S5125				10/17/13	10/17/13	24.00	94.56
264006	6	S5125				10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL									567.36
CLAIM ACCOUNT REF.									2640060012012071SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012073 2012073 PAGAN, ADRIEL 09/29/1931 GNT00189300 3/29/2012-00738-0007  
DIAGNOSIS CODES : 331.0 244.9 253.5 369.3 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264021	1	T1019				10/12/13	10/12/13	40.00	157.60
264021	2	T1019				10/13/13	10/13/13	40.00	157.60
264021	3	T1019				10/14/13	10/14/13	40.00	157.60
264021	4	T1019				10/15/13	10/15/13	40.00	157.60
264021	5	T1019				10/16/13	10/16/13	40.00	157.60
264021	6	T1019				10/17/13	10/17/13	40.00	157.60
264021	7	T1019				10/18/13	10/18/13	40.00	157.60
CLAIM TOTAL									1,103.20
CLAIM ACCOUNT REF.									2640210012012073SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012077 2012077 WARD, ALTHEA 08/13/1956 93703608100 12/14/2011-00450-0018  
DIAGNOSIS CODES : 715.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264087	1	S5125				10/12/13	10/12/13	16.00	63.04
264087	2	S5125				10/14/13	10/14/13	8.00	31.52
264087	3	S5125				10/15/13	10/15/13	8.00	31.52
264087	4	S5125				10/16/13	10/16/13	8.00	31.52
264087	5	S5125				10/17/13	10/17/13	8.00	31.52
264087	6	S5125				10/18/13	10/18/13	8.00	31.52
CLAIM TOTAL									220.64
CLAIM ACCOUNT REF.									2640870012012077SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012082 2012082 SANCHEZ, ESTERVINA 04/17/1936 GNT05030100 9/28/2010-00216-0015  
DIAGNOSIS CODES : 714.0 250.00 272.2 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264057	1	S5125				10/14/13	10/14/13	24.00	94.56
264057	2	S5125				10/15/13	10/15/13	24.00	94.56
264057	3	S5125				10/16/13	10/16/13	24.00	94.56
264057	4	S5125				10/17/13	10/17/13	24.00	94.56
264057	5	S5125				10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL									472.80
CLAIM ACCOUNT REF.									2640570012012082SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012084 2012084 SANCHEZ, ANA MARIA 04/01/1925 GNT02386400 1/3/2013-00647-0007  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264055	1	S5125	TT			10/05/13	10/05/13	28.00	117.32
264055	2	S5125	TT			10/06/13	10/06/13	28.00	117.32
264055	3	S5125	TT			10/12/13	10/12/13	28.00	117.32
264055	4	S5125	TT			10/13/13	10/13/13	28.00	117.32
264055	5	S5125	TT			10/14/13	10/14/13	20.00	83.80
264055	6	S5125	TT			10/15/13	10/15/13	20.00	83.80
264055	7	S5125	TT			10/16/13	10/16/13	20.00	83.80
264055	8	S5125	TT			10/17/13	10/17/13	20.00	83.80
264055	9	S5125	TT			10/18/13	10/18/13	20.00	83.80
CLAIM TOTAL									888.28
CLAIM ACCOUNT REF.									2640550012012084SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012091 2012091 VICTORIO, ROQUE 08/16/1928 GNT02618000 12/23/2004-00024-0113  
DIAGNOSIS CODES : 332.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264085	1	S5125		10/12/13	10/12/13	20.00	78.80
264085	2	S5125		10/13/13	10/13/13	20.00	78.80
264085	3	S5125		10/15/13	10/15/13	44.00	173.36
264085	4	S5125		10/16/13	10/16/13	44.00	173.36
264085	5	S5125		10/17/13	10/17/13	44.00	173.36
264085	6	S5125		10/18/13	10/18/13	41.00	161.54
CLAIM TOTAL							839.22

CLAIM ACCOUNT REF. 2640850012012091SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012112 2012112 ESTEVEZ, MARCIA 05/04/1942 GNT00342800 5/1/2007-00421-0036  
DIAGNOSIS CODES : 369.3 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263952	1	T1019		10/10/13	10/10/13	24.00	94.56
263952	2	T1019		10/11/13	10/11/13	24.00	94.56
263952	3	T1019		10/17/13	10/17/13	24.00	94.56
263952	4	T1019		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							378.24

CLAIM ACCOUNT REF. 2639520012012112SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012113 2012113 REYES, DORILA 05/02/1929 GNT02461500 7/26/2004-00021-0070  
DIAGNOSIS CODES : 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264038	1	S5125		10/12/13	10/12/13	32.00	126.08
264038	2	S5125		10/13/13	10/13/13	32.00	126.08
264038	3	S5125		10/14/13	10/14/13	32.00	126.08
264038	4	S5125		10/15/13	10/15/13	32.00	126.08
264038	5	S5125		10/16/13	10/16/13	32.00	126.08
264038	6	S5125		10/17/13	10/17/13	32.00	126.08
CLAIM TOTAL							756.48

CLAIM ACCOUNT REF. 2640380012012113SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012160 2012160 VARGAS, AUREA 01/16/1936 GNT0026740 11/7/2008-00560-0049  
DIAGNOSIS CODES : 250.00 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264079	1	T1019	TT		10/12/13	10/12/13	20.00	83.80
264079	2	T1019	TT		10/13/13	10/13/13	20.00	83.80
264079	3	T1019	TT		10/14/13	10/14/13	20.00	83.80
264079	4	T1019	TT		10/15/13	10/15/13	20.00	83.80
264079	5	T1019	TT		10/16/13	10/16/13	20.00	83.80
264079	6	T1019	TT		10/17/13	10/17/13	20.00	83.80
264079	7	T1019	TT		10/18/13	10/18/13	20.00	83.80
CLAIM TOTAL								586.60

CLAIM ACCOUNT REF. 2640790012012160SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012164 2012164 CALDERON, JUSTINA 10/26/1929 GNT00036800 12/17/2003-00077-0067  
DIAGNOSIS CODES : 250.00 401.9 493.90 716.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263925	1	S5125			10/12/13	10/12/13	48.00	189.12
263925	2	S5125			10/13/13	10/13/13	48.00	189.12
263925	3	S5125			10/14/13	10/14/13	48.00	189.12
263925	4	S5125			10/15/13	10/15/13	48.00	189.12
263925	5	S5125			10/16/13	10/16/13	48.00	189.12
263925	6	S5125			10/17/13	10/17/13	48.00	189.12
263925	7	S5125			10/18/13	10/18/13	48.00	189.12
CLAIM TOTAL								1,323.84

CLAIM ACCOUNT REF. 2639250012012164SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012168 2012168 VAZQUEZ 2, ROSA 12/05/1940 GNT00268900 12/5/2003-00042-0033  
DIAGNOSIS CODES : 250.00 244.9 401.9 729.1  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264080	1	S5125			10/14/13	10/14/13	16.00	63.04
264080	2	S5125			10/15/13	10/15/13	16.00	63.04
264080	3	S5125			10/16/13	10/16/13	16.00	63.04
264080	4	S5125			10/17/13	10/17/13	16.00	63.04
264080	5	S5125			10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL								315.20

CLAIM ACCOUNT REF. 2640800012012168SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012182 2012182 RODRIGUEZ, LIDIA 10/13/1939 GNT03481200 11/29/2006-00339-0033  
DIAGNOSIS CODES : 253.5 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264049	1	T1019				10/14/13	10/14/13	16.00	63.04
264049	2	T1019				10/15/13	10/15/13	16.00	63.04
264049	3	T1019				10/16/13	10/16/13	16.00	63.04
264049	4	T1019				10/17/13	10/17/13	16.00	63.04
264049	5	T1019				10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL									315.20
CLAIM ACCOUNT REF.									2640490012012182SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012185 2012185 DANIELS, MAGGIE 07/25/1932 GNT00057300 12/23/2003-00101-0049  
DIAGNOSIS CODES : 369.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263938	1	S5125				10/14/13	10/14/13	12.00	47.28
263938	2	S5125				10/16/13	10/16/13	12.00	47.28
263938	3	S5125				10/18/13	10/18/13	12.00	47.28
CLAIM TOTAL									141.84
CLAIM ACCOUNT REF.									2639380012012185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012197 2012197 TORO, ROSARIO 02/15/1929 GNT00261000 12/19/2003-00064-0056  
DIAGNOSIS CODES : 369.10 493.91  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264072	1	T1019				10/12/13	10/12/13	32.00	126.08
264072	2	T1019				10/13/13	10/13/13	32.00	126.08
264072	3	T1019				10/14/13	10/14/13	32.00	126.08
264072	4	T1019				10/15/13	10/15/13	32.00	126.08
264072	5	T1019				10/16/13	10/16/13	32.00	126.08
264072	6	T1019				10/17/13	10/17/13	32.00	126.08
264072	7	T1019				10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL									882.56
CLAIM ACCOUNT REF.									2640720012012197SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0078  
DIAGNOSIS CODES : 401.9 250.03 272.0 493.00 530.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
264024	1	S5125				09/26/13	09/26/13	28.00	110.32	
CLAIM TOTAL									110.32	CLAIM ACCOUNT REF. 2640240012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012225 2012225 PATTERSON, SHYRLE 12/02/1956 GNT00191700 12/5/2003-00049-0079  
DIAGNOSIS CODES : 401.9 250.03 272.0 493.00 530.11  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
264025	1	S5125				10/07/13	10/07/13	28.00	110.32	
264025	2	S5125				10/08/13	10/08/13	28.00	110.32	
264025	3	S5125				10/09/13	10/09/13	28.00	110.32	
264025	4	S5125				10/10/13	10/10/13	28.00	110.32	
264025	5	S5125				10/11/13	10/11/13	28.00	110.32	
264025	6	S5125				10/14/13	10/14/13	28.00	110.32	
CLAIM TOTAL									661.92	CLAIM ACCOUNT REF. 2640250012012225SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010983 2012309 IRIMIA, SIMONA 09/19/1938 GNT0360570 3/27/2007-00064-0042  
DIAGNOSIS CODES : 714.0 244.9 428.0 719.7 786.05  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263977	1	T1019				10/12/13	10/12/13	32.00	126.08	
263977	2	T1019				10/13/13	10/13/13	32.00	126.08	
263977	3	T1019				10/14/13	10/14/13	32.00	126.08	
263977	4	T1019				10/15/13	10/15/13	32.00	126.08	
263977	5	T1019				10/16/13	10/16/13	32.00	126.08	
263977	6	T1019				10/17/13	10/17/13	32.00	126.08	
263977	7	T1019				10/18/13	10/18/13	32.00	126.08	
CLAIM TOTAL									882.56	CLAIM ACCOUNT REF. 2639770012012309SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012493 2012493 ESPINOZA, LUPE E 08/06/1929 GNT06559300 1/17/2013-00685-0007  
DIAGNOSIS CODES : 331.0 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

263951	1	T1019	09/24/13	09/24/13	48.00	189.12
263951	2	T1019	10/12/13	10/12/13	48.00	189.12
263951	3	T1019	10/13/13	10/13/13	48.00	189.12
263951	4	T1019	10/14/13	10/14/13	48.00	189.12
263951	5	T1019	10/15/13	10/15/13	48.00	189.12
263951	6	T1019	10/16/13	10/16/13	48.00	189.12
263951	7	T1019	10/17/13	10/17/13	48.00	189.12
263951	8	T1019	10/18/13	10/18/13	28.00	110.32
					CLAIM TOTAL	1,434.16
					CLAIM ACCOUNT REF.	2639510012012493SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006651 2012496 ROJAS, HAYDEE 02/15/1935 GNT04856800 10/28/2010-00256-0027  
DIAGNOSIS CODES : 952.9 365.9 366.00 782.3  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264050	1	S5125		10/03/13	10/03/13	20.00	78.80
264050	2	S5125		10/12/13	10/12/13	16.00	63.04
264050	3	S5125		10/13/13	10/13/13	16.00	63.04
264050	4	S5125		10/14/13	10/14/13	20.00	78.80
264050	5	S5125		10/15/13	10/15/13	20.00	78.80
264050	6	S5125		10/16/13	10/16/13	20.00	78.80
264050	7	S5125		10/17/13	10/17/13	20.00	78.80
264050	8	S5125		10/18/13	10/18/13	20.00	78.80
						CLAIM TOTAL	598.88
						CLAIM ACCOUNT REF.	2640500012012496SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012602 2012602 ALVARADO, SARA E 07/15/1922 GNT03713600 6/28/2007-00019-0030  
DIAGNOSIS CODES : 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263914	1	S5125		10/12/13	10/12/13	46.00	181.24
263914	2	S5125		10/13/13	10/13/13	48.00	189.12
263914	3	S5125		10/14/13	10/14/13	48.00	189.12
263914	4	S5125		10/15/13	10/15/13	48.00	189.12
263914	5	S5125		10/16/13	10/16/13	48.00	189.12
263914	6	S5125		10/17/13	10/17/13	48.00	189.12
263914	7	S5125		10/18/13	10/18/13	48.00	189.12
						CLAIM TOTAL	1,315.96
						CLAIM ACCOUNT REF.	2639140012012602SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012627 2012710 REYES, DUNNY 04/28/1944 GNT06774000 2/27/2013-00264-0007  
DIAGNOSIS CODES : 332.0 294.20 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264039	1	T1020		10/10/13	10/10/13	1.00	200.00
264039	2	T1020		10/12/13	10/12/13	1.00	200.00
264039	3	T1020		10/13/13	10/13/13	1.00	200.00
264039	4	T1020		10/14/13	10/14/13	1.00	200.00
264039	5	T1020		10/15/13	10/15/13	1.00	200.00
264039	6	T1020		10/16/13	10/16/13	1.00	200.00
264039	7	T1020		10/17/13	10/17/13	1.00	200.00
264039	8	T1020		10/18/13	10/18/13	1.00	200.00

CLAIM TOTAL 1,600.00 CLAIM ACCOUNT REF. 2640390012012710SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011011 2012756 RICKS, WALTER 04/27/1940 GNT03856800 2/27/2013-01282-0004  
DIAGNOSIS CODES : 369.3 401.9 493.92 496.  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264041	1	S5125		10/07/13	10/07/13	28.00	110.32
264041	2	S5125		10/14/13	10/14/13	28.00	110.32
264041	3	S5125		10/15/13	10/15/13	28.00	110.32
264041	4	S5125		10/16/13	10/16/13	28.00	110.32
264041	5	S5125		10/17/13	10/17/13	28.00	110.32
264041	6	S5125		10/18/13	10/18/13	28.00	110.32

CLAIM TOTAL 661.92 CLAIM ACCOUNT REF. 2640410012012756SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012758 2012758 JAIME, ROSALBA 05/27/1915 GNT03692000 5/25/2007-00094-0044  
DIAGNOSIS CODES : 290.0 244.9 458.9 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263979	1	T1019		10/12/13	10/12/13	36.00	141.84
263979	2	T1019		10/14/13	10/14/13	36.00	141.84
263979	3	T1019		10/15/13	10/15/13	36.00	141.84
263979	4	T1019		10/16/13	10/16/13	36.00	141.84
263979	5	T1019		10/17/13	10/17/13	36.00	141.84
263979	6	T1019		10/18/13	10/18/13	36.00	141.84

CLAIM TOTAL 851.04 CLAIM ACCOUNT REF. 2639790012012758SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012759 2012759 LORUSSO, ANNA 01/25/1929 GNT06851500 3/1/2013-01282-0004  
DIAGNOSIS CODES : 290.0 278.00 401.9 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263989	1	T1019				10/12/13	10/12/13	36.00	141.84
263989	2	T1019				10/13/13	10/13/13	36.00	141.84
263989	3	T1019				10/14/13	10/14/13	36.00	141.84
263989	4	T1019				10/15/13	10/15/13	36.00	141.84
263989	5	T1019				10/16/13	10/16/13	36.00	141.84
263989	6	T1019				10/17/13	10/17/13	36.00	141.84
263989	7	T1019				10/18/13	10/18/13	36.00	141.84

CLAIM TOTAL

992.88 CLAIM ACCOUNT REF. 2639890012012759SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011050 2012778 TROISI, DELIA 12/30/1925 GNT06177500 7/26/2012-00651-0008  
DIAGNOSIS CODES : 401.9 272.2 294.10 311. V15.88  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264076	1	T1019				10/14/13	10/14/13	32.00	126.08
264076	2	T1019				10/15/13	10/15/13	32.00	126.08
264076	3	T1019				10/16/13	10/16/13	32.00	126.08
264076	4	T1019				10/17/13	10/17/13	32.00	126.08
264076	5	T1019				10/18/13	10/18/13	32.00	126.08

CLAIM TOTAL

630.40 CLAIM ACCOUNT REF. 2640760012012778SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013201 2013201 SCHNEIDER, RUTH 02/22/1936 07136300 4/30/2013-00656-0003  
DIAGNOSIS CODES : 369.00 401.9 715.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264064	1	T1019				10/12/13	10/12/13	32.00	126.08
264064	2	T1019				10/13/13	10/13/13	32.00	126.08
264064	3	T1019				10/14/13	10/14/13	32.00	126.08
264064	4	T1019				10/15/13	10/15/13	32.00	126.08
264064	5	T1019				10/16/13	10/16/13	32.00	126.08
264064	6	T1019				10/17/13	10/17/13	32.00	126.08
264064	7	T1019				10/18/13	10/18/13	32.00	126.08

CLAIM TOTAL

882.56 CLAIM ACCOUNT REF. 2640640012013201SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013226 2013226 SWABY, CLARENCE 04/23/1921 93704635800 5/2/2013-00350-0003  
DIAGNOSIS CODES : 294.20 093.9 272.4 602.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264069	1	T1020		10/12/13	10/12/13	1.00	200.00
264069	2	T1020		10/13/13	10/13/13	1.00	200.00
264069	3	T1020		10/14/13	10/14/13	1.00	200.00
264069	4	T1020		10/15/13	10/15/13	1.00	200.00
264069	5	T1020		10/16/13	10/16/13	1.00	200.00
264069	6	T1020		10/17/13	10/17/13	1.00	200.00
CLAIM TOTAL							1,200.00
							CLAIM ACCOUNT REF. 2640690012013226SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2001032 2013256 ORTIZ, LAURA 07/04/1919 GNT03867300 7/9/2013-00458-0005  
DIAGNOSIS CODES : 733.00 401.9 719.7 362.51 365.9 716.90 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264020	1	S5125		10/12/13	10/12/13	48.00	189.12
264020	2	S5125		10/13/13	10/13/13	48.00	189.12
264020	3	S5125		10/14/13	10/14/13	48.00	189.12
264020	4	S5125		10/15/13	10/15/13	48.00	189.12
264020	5	S5125		10/16/13	10/16/13	48.00	189.12
264020	6	S5125		10/17/13	10/17/13	48.00	189.12
264020	7	S5125		10/18/13	10/18/13	48.00	189.12
CLAIM TOTAL							1,323.84
							CLAIM ACCOUNT REF. 2640200012013256SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2006830 2013276 MARTINEZ 1, EMMA 05/09/1920 GNT05091300 3/30/2012-00070-0010  
DIAGNOSIS CODES : 331.0 365.9 715.90 733.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263996	1	T1019		10/12/13	10/12/13	20.00	78.80
263996	2	T1019		10/14/13	10/14/13	48.00	189.12
263996	3	T1019		10/15/13	10/15/13	48.00	189.12
263996	4	T1019		10/16/13	10/16/13	48.00	189.12
263996	5	T1019		10/17/13	10/17/13	48.00	189.12
263996	6	T1019		10/18/13	10/18/13	48.00	189.12
CLAIM TOTAL							1,024.40
							CLAIM ACCOUNT REF. 2639960012013276SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013284 2013284 CASTANEDA, MIRIAM 10/11/1951 GNT06079700 5/23/2013-00357-0006  
DIAGNOSIS CODES : 715.90 311. 401.9 493.91  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263930	1	S5125				10/03/13	10/03/13	24.00	94.56
263930	2	S5125				10/15/13	10/15/13	24.00	94.56
263930	3	S5125				10/16/13	10/16/13	24.00	94.56
263930	4	S5125				10/17/13	10/17/13	32.00	126.08
263930	5	S5125				10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL									535.84
CLAIM ACCOUNT REF. 2639300012013284SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013411 2013411 JORGE, ANA 02/07/1930 GNT07185600 6/4/2013-00485-0005  
DIAGNOSIS CODES : 332.0 365.9 366.9 401.9 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263983	1	S5125				10/12/13	10/12/13	48.00	189.12
263983	2	S5125				10/14/13	10/14/13	48.00	189.12
263983	3	S5125				10/15/13	10/15/13	48.00	189.12
263983	4	S5125				10/16/13	10/16/13	48.00	189.12
263983	5	S5125				10/17/13	10/17/13	48.00	189.12
263983	6	S5125				10/18/13	10/18/13	48.00	189.12
CLAIM TOTAL									1,134.72
CLAIM ACCOUNT REF. 2639830012013411SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013423 2013423 OCHOA, ORLANDO 06/15/1929 GNT06982300 6/3/2013-00335-0004  
DIAGNOSIS CODES : 715.90 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264016	1	S5125				10/15/13	10/15/13	24.00	94.56
264016	2	S5125				10/17/13	10/17/13	24.00	94.56
CLAIM TOTAL									189.12
CLAIM ACCOUNT REF. 2640160012013423SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011491 2013551 RIVERA, RAMONITA 08/23/1943 GNT06231700 9/28/2012-00956-0009  
DIAGNOSIS CODES : 785.9 244.9 245.2 272.4  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264045	1	S5125				10/14/13	10/14/13	16.00	63.04

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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
264045	2	S5125				10/15/13	10/15/13	16.00	63.04
264045	3	S5125				10/16/13	10/16/13	16.00	63.04
264045	4	S5125				10/17/13	10/17/13	16.00	63.04
264045	5	S5125				10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL									315.20
CLAIM ACCOUNT REF. 2640450012013551SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2011963	2013553	ENCARNACION, LUZ	05/03/1934	GNT03902000	10/25/2010-00711-0028
DIAGNOSIS CODES :		715.90	253.5	401.9			
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263949	1	T1019	TT			10/07/13	10/07/13	16.00	67.04
263949	2	T1019	TT			10/08/13	10/08/13	16.00	67.04
263949	3	T1019	TT			10/09/13	10/09/13	16.00	67.04
263949	4	T1019	TT			10/10/13	10/10/13	16.00	67.04
263949	5	T1019	TT			10/14/13	10/14/13	16.00	67.04
263949	6	T1019	TT			10/15/13	10/15/13	16.00	67.04
263949	7	T1019	TT			10/16/13	10/16/13	16.00	67.04
263949	8	T1019	TT			10/18/13	10/18/13	16.00	67.04
CLAIM TOTAL									536.32
CLAIM ACCOUNT REF. 2639490012013553SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY	001	2000600	2013590	FELICIANO, JOAN	10/17/1935	GNT04140800	1/30/2008-00551-0041	
DIAGNOSIS CODES :		716.90	250.00	272.0	338.29	369.9	401.9	493.00
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)						

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263953	1	S5125				10/12/13	10/12/13	32.00	126.08
263953	2	S5125				10/13/13	10/13/13	32.00	126.08
263953	3	S5125				10/14/13	10/14/13	32.00	126.08
263953	4	S5125				10/15/13	10/15/13	32.00	126.08
263953	5	S5125				10/16/13	10/16/13	32.00	126.08
263953	6	S5125				10/17/13	10/17/13	32.00	126.08
263953	7	S5125				10/18/13	10/18/13	32.00	126.08
CLAIM TOTAL									882.56
CLAIM ACCOUNT REF. 2639530012013590SUP									

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013624	2013624	LARKIN, ANNIE	09/09/1928	GNT00419300	7/2/2013-00144-0001
DIAGNOSIS CODES :		715.00	244.9	401.9			
CLAIM REFERENCE #:		CLAIM FREQ: 1 (ORIGINAL)					

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
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REPORT DATE 10/23/13 SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = GUILD

SUNNYSIDE CITYWIDE  
GUILDNET

NPI = 1154407492

263985	1	S5125	10/14/13	10/14/13	16.00	63.04
263985	2	S5125	10/15/13	10/15/13	16.00	63.04
263985	3	S5125	10/16/13	10/16/13	13.00	51.22
263985	4	S5125	10/17/13	10/17/13	16.00	63.04
263985	5	S5125	10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL						303.38
CLAIM ACCOUNT REF.						2639850012013624SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013415 2013678 BATISTA, LUCILA 06/30/1930 GNT07265700 7/10/2013-00650-0002  
DIAGNOSIS CODES : 429.9 253.5 386.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263917	1	T1019		10/16/13	10/16/13	16.00	63.04
263917	2	T1019		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							126.08
CLAIM ACCOUNT REF.							2639170012013678SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0004  
DIAGNOSIS CODES : V68.9 250.00 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263942	1	S5125		09/23/13	09/23/13	28.00	110.32
263942	2	S5125		09/24/13	09/24/13	28.00	110.32
263942	3	S5125		09/25/13	09/25/13	28.00	110.32
263942	4	S5125		09/26/13	09/26/13	28.00	110.32
263942	5	S5125		09/27/13	09/27/13	28.00	110.32
263942	6	S5125		09/30/13	09/30/13	28.00	110.32
263942	7	S5125		10/02/13	10/02/13	28.00	110.32
263942	8	S5125		10/03/13	10/03/13	28.00	110.32
263942	9	S5125		10/07/13	10/07/13	28.00	110.32
263942	10	S5125		10/08/13	10/08/13	28.00	110.32
263942	11	S5125		10/09/13	10/09/13	28.00	110.32
263942	12	S5125		10/10/13	10/10/13	28.00	110.32
263942	13	S5125		10/11/13	10/11/13	28.00	110.32
263942	14	S5125		10/12/13	10/12/13	44.00	173.36
263942	15	S5125		10/17/13	10/17/13	28.00	110.32
CLAIM TOTAL							1,717.84
CLAIM ACCOUNT REF.							2639420012013684SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013684 2013684 DIAZ, HILDA 04/04/1932 GNT07351600 7/9/2013-00177-0006  
DIAGNOSIS CODES : V68.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263943	1	S5125				10/18/13	10/18/13	43.00	169.42	
									CLAIM TOTAL	169.42
										CLAIM ACCOUNT REF. 2639430012013684SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009960 2013799 FERRARA, ANN 07/27/1925 GNT05748600 2/27/2012-01098-0017  
DIAGNOSIS CODES : 290.0 311. 365.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
263957	1	S5126				10/12/13	10/12/13	1.00	200.00	
263957	2	S5126				10/13/13	10/13/13	1.00	200.00	
263957	3	S5126				10/14/13	10/14/13	1.00	200.00	
263957	4	S5126				10/15/13	10/15/13	1.00	200.00	
263957	5	S5126				10/16/13	10/16/13	1.00	200.00	
263957	6	S5126				10/17/13	10/17/13	1.00	200.00	
263957	7	S5126				10/18/13	10/18/13	1.00	200.00	
									CLAIM TOTAL	1,400.00
										CLAIM ACCOUNT REF. 2639570012013799SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009984 2013808 PINILLA, VICTOR 03/23/1933 GNT05972000 3/2/2012-00173-0020  
DIAGNOSIS CODES : 294.10 272.2 401.9 780.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
264030	1	S5125				10/12/13	10/12/13	36.00	141.84	
264030	2	S5125				10/13/13	10/13/13	36.00	141.84	
264030	3	S5125				10/14/13	10/14/13	36.00	141.84	
264030	4	S5125				10/15/13	10/15/13	36.00	141.84	
									CLAIM TOTAL	567.36
										CLAIM ACCOUNT REF. 2640300012013808SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013822 2013822 TORRES, SANTIAGO, BASI 03/22/1934 GNT07417900 8/2/2013-00550-0004  
DIAGNOSIS CODES : 290.0 294.10 401.9 493.00 733.00  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT	
264074	1	S5125				10/12/13	10/12/13	16.00	63.04	
264074	2	S5125				10/13/13	10/13/13	16.00	63.04	



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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264074	3	S5125		10/14/13	10/14/13	31.00	122.14	
264074	4	S5125		10/15/13	10/15/13	30.00	118.20	
264074	5	S5125		10/16/13	10/16/13	32.00	126.08	
264074	6	S5125		10/17/13	10/17/13	32.00	126.08	
264074	7	S5125		10/18/13	10/18/13	32.00	126.08	
CLAIM TOTAL							744.66	CLAIM ACCOUNT REF. 2640740012013822SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012941 2013852 BENZ, ROBERT 07/30/1925 GNT07334800 7/30/2013-00400-0001  
DIAGNOSIS CODES : 401.9 362.50  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263919	1	S5125		10/12/13	10/12/13	16.00	63.04	
263919	2	S5125		10/14/13	10/14/13	16.00	63.04	
263919	3	S5125		10/15/13	10/15/13	16.00	63.04	
263919	4	S5125		10/16/13	10/16/13	16.00	63.04	
263919	5	S5125		10/17/13	10/17/13	16.00	63.04	
263919	6	S5125		10/18/13	10/18/13	16.00	63.04	
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2639190012013852SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012085 2013879 ROSARIO, ANA 06/23/1949 GNT03285400 7/27/2006-00183-0055  
DIAGNOSIS CODES : 715.90 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264051	1	S5125		10/14/13	10/14/13	28.00	110.32	
264051	2	S5125		10/15/13	10/15/13	32.00	126.08	
264051	3	S5125		10/16/13	10/16/13	27.00	106.38	
264051	4	S5125		10/17/13	10/17/13	28.00	110.32	
264051	5	S5125		10/18/13	10/18/13	28.00	110.32	
CLAIM TOTAL							563.42	CLAIM ACCOUNT REF. 2640510012013879SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012027 2013895 VELEZ, CARMEN 06/21/1932 GNT00271900 12/4/2003-00229-0072  
DIAGNOSIS CODES : 695.4 250.00 272.2 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264082	1	S5125		10/12/13	10/12/13	16.00	63.04	
264082	2	S5125		10/13/13	10/13/13	16.00	63.04	
264082	3	S5125		10/14/13	10/14/13	24.00	94.56	

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264082	4	S5125		10/15/13	10/15/13	24.00	94.56
264082	5	S5125		10/16/13	10/16/13	24.00	94.56
264082	6	S5125		10/17/13	10/17/13	24.00	94.56
264082	7	S5125		10/18/13	10/18/13	24.00	94.56
CLAIM TOTAL							598.88
							CLAIM ACCOUNT REF. 2640820012013895SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2003103 2013898 GREENSPAN, ALICE 04/15/1942 GNT04498400 1/27/2009-00682-0061  
DIAGNOSIS CODES : 331.0 250.00 272.2 311. 401.9 530.81  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263968	1	S5125		10/12/13	10/12/13	30.00	118.20
263968	2	S5125		10/13/13	10/13/13	30.00	118.20
263968	3	S5125		10/14/13	10/14/13	16.00	63.04
263968	4	S5125		10/15/13	10/15/13	16.00	63.04
263968	5	S5125		10/16/13	10/16/13	16.00	63.04
263968	6	S5125		10/17/13	10/17/13	16.00	63.04
263968	7	S5125		10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							551.60
							CLAIM ACCOUNT REF. 2639680012013898SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2007817 2013918 BEGUM, JAMILA 02/19/1919 GNT00018500 12/1/2003-00110-0104  
DIAGNOSIS CODES : 250.00 294.20 401.9 714.0 715.00 486.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263918	1	S5125		10/12/13	10/12/13	36.00	141.84
263918	2	S5125		10/13/13	10/13/13	32.00	126.08
263918	3	S5125		10/14/13	10/14/13	48.00	189.12
263918	4	S5125		10/15/13	10/15/13	48.00	189.12
263918	5	S5125		10/16/13	10/16/13	48.00	189.12
263918	6	S5125		10/17/13	10/17/13	48.00	189.12
263918	7	S5125		10/18/13	10/18/13	48.00	189.12
CLAIM TOTAL							1,213.52
							CLAIM ACCOUNT REF. 2639180012013918SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009226 2013926 CARDENAS, GUSTAVO 11/25/1933 GNT07420300 7/31/2013-00140-0001  
DIAGNOSIS CODES : 331.0 290.0  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263928	1	S5125		10/12/13	10/12/13	16.00	63.04

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PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263928	2	S5125			10/13/13	10/13/13	16.00	63.04	
263928	3	S5125			10/14/13	10/14/13	32.00	126.08	
263928	4	S5125			10/15/13	10/15/13	32.00	126.08	
263928	5	S5125			10/16/13	10/16/13	32.00	126.08	
263928	6	S5125			10/17/13	10/17/13	32.00	126.08	
263928	7	S5125			10/18/13	10/18/13	32.00	126.08	
							CLAIM TOTAL	756.48	CLAIM ACCOUNT REF. 2639280012013926SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013946 2013946 DONE, SUSANA 07/29/1945 93704706900 7/12/2013-00078-0003  
DIAGNOSIS CODES : 401.9 272.4 715.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263944	1	S5125			10/11/13	10/11/13	32.00	126.08	
263944	2	S5125			10/12/13	10/12/13	32.00	126.08	
263944	3	S5125			10/13/13	10/13/13	32.00	126.08	
263944	4	S5125			10/14/13	10/14/13	32.00	126.08	
263944	5	S5125			10/15/13	10/15/13	32.00	126.08	
263944	6	S5125			10/16/13	10/16/13	32.00	126.08	
263944	7	S5125			10/17/13	10/17/13	32.00	126.08	
263944	8	S5125			10/18/13	10/18/13	32.00	126.08	
							CLAIM TOTAL	1,008.64	CLAIM ACCOUNT REF. 2639440012013946SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011874 2013951 NEVAREZ, MARTA 02/23/1941 GNT06134500 5/1/2012-00680-0012  
DIAGNOSIS CODES : 386.10 250.01 272.4 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264011	1	S5125	TT		08/27/13	08/27/13	12.00	50.28	
264011	2	S5125	TT		10/05/13	10/05/13	24.00	100.56	
264011	3	S5125	TT		10/13/13	10/13/13	24.00	100.56	
264011	4	S5125	TT		10/14/13	10/14/13	12.00	50.28	
264011	5	S5125	TT		10/15/13	10/15/13	12.00	50.28	
264011	6	S5125	TT		10/16/13	10/16/13	12.00	50.28	
264011	7	S5125	TT		10/17/13	10/17/13	12.00	50.28	
264011	8	S5125	TT		10/18/13	10/18/13	12.00	50.28	
							CLAIM TOTAL	502.80	CLAIM ACCOUNT REF. 2640110012013951SUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014024 2014024 DELPOZO, MIGUEL 11/07/1926 GNT07503600 8/30/2013-00039-0002  
DIAGNOSIS CODES : 714.0 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263941	1	S5125	TT		10/05/13	10/05/13	20.00	83.80
263941	2	S5125	TT		10/06/13	10/06/13	20.00	83.80
263941	3	S5125	TT		10/07/13	10/07/13	20.00	83.80
263941	4	S5125	TT		10/08/13	10/08/13	20.00	83.80
263941	5	S5125	TT		10/09/13	10/09/13	20.00	83.80
263941	6	S5125	TT		10/10/13	10/10/13	20.00	83.80
263941	7	S5125	TT		10/11/13	10/11/13	20.00	83.80
263941	8	S5125	TT		10/12/13	10/12/13	20.00	83.80
263941	9	S5125	TT		10/13/13	10/13/13	20.00	83.80
263941	10	S5125	TT		10/14/13	10/14/13	20.00	83.80
263941	11	S5125	TT		10/15/13	10/15/13	20.00	83.80
263941	12	S5125	TT		10/16/13	10/16/13	20.00	83.80
263941	13	S5125	TT		10/17/13	10/17/13	20.00	83.80
263941	14	S5125	TT		10/18/13	10/18/13	20.00	83.80
CLAIM TOTAL							1,173.20	CLAIM ACCOUNT REF. 2639410012014024SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014027 2014027 MEDINA, CECILIA 09/06/1928 GNT07399200 9/6/2013-00216-0001  
DIAGNOSIS CODES : 416.8 447.6  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264001	1	S5125			10/11/13	10/11/13	16.00	63.04
264001	2	S5125			10/14/13	10/14/13	16.00	63.04
264001	3	S5125			10/15/13	10/15/13	16.00	63.04
264001	4	S5125			10/16/13	10/16/13	16.00	63.04
264001	5	S5125			10/17/13	10/17/13	16.00	63.04
264001	6	S5125			10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL							378.24	CLAIM ACCOUNT REF. 2640010012014027SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014040 2014040 GOYES, ELVA 01/14/1931 GNT07503500 9/3/2013-00532-0001  
DIAGNOSIS CODES : 714.9 250.00 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263966	1	S5125	TT		10/05/13	10/05/13	16.00	67.04
263966	2	S5125	TT		10/06/13	10/06/13	16.00	67.04

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263966	3	S5125	TT		10/07/13	10/07/13	16.00	67.04
263966	4	S5125	TT		10/08/13	10/08/13	16.00	67.04
263966	5	S5125	TT		10/09/13	10/09/13	16.00	67.04
263966	6	S5125	TT		10/10/13	10/10/13	16.00	67.04
263966	7	S5125	TT		10/11/13	10/11/13	16.00	67.04
263966	8	S5125	TT		10/14/13	10/14/13	16.00	67.04
263966	9	S5125	TT		10/15/13	10/15/13	16.00	67.04
263966	10	S5125	TT		10/16/13	10/16/13	16.00	67.04
263966	11	S5125	TT		10/17/13	10/17/13	16.00	67.04
263966	12	S5125	TT		10/18/13	10/18/13	16.00	67.04
							CLAIM TOTAL	804.48
								CLAIM ACCOUNT REF. 2639660012014040SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010425 2014099 MONCRIEF, LOIS 05/29/1926 GNT06140100 4/26/2012-00801-0016  
DIAGNOSIS CODES : 401.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264002	1	S5125			10/12/13	10/12/13	32.00	126.08
264002	2	S5125			10/13/13	10/13/13	32.00	126.08
264002	3	S5125			10/14/13	10/14/13	32.00	126.08
264002	4	S5125			10/15/13	10/15/13	32.00	126.08
264002	5	S5125			10/16/13	10/16/13	30.00	118.20
264002	6	S5125			10/17/13	10/17/13	32.00	126.08
264002	7	S5125			10/18/13	10/18/13	32.00	126.08
							CLAIM TOTAL	874.68
								CLAIM ACCOUNT REF. 2640020012014099SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011615 2014114 ANGEL, LUCY 04/01/1936 GNT07280100 9/5/2013-00643-0001  
DIAGNOSIS CODES : 437.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263915	1	S5125			09/27/13	09/27/13	32.00	126.08
263915	2	S5125			10/12/13	10/12/13	16.00	63.04
263915	3	S5125			10/13/13	10/13/13	32.00	126.08
263915	4	S5125			10/14/13	10/14/13	31.00	122.14
263915	5	S5125			10/15/13	10/15/13	32.00	126.08
263915	6	S5125			10/16/13	10/16/13	32.00	126.08
263915	7	S5125			10/17/13	10/17/13	31.00	122.14
263915	8	S5125			10/18/13	10/18/13	28.00	110.32
							CLAIM TOTAL	921.96
								CLAIM ACCOUNT REF. 2639150012014114SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013102305151521RRSUP

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012002 2014116 VELEZ, WILLIAM 12/11/1934 GNT04940600 6/28/2010-00123-0017  
DIAGNOSIS CODES : 250.01 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264083	1	S5125		10/01/13	10/01/13	16.00	63.04
264083	2	S5125		10/02/13	10/02/13	16.00	63.04
264083	3	S5125		10/03/13	10/03/13	16.00	63.04
264083	4	S5125		10/04/13	10/04/13	16.00	63.04
264083	5	S5125		10/07/13	10/07/13	16.00	63.04
264083	6	S5125		10/08/13	10/08/13	16.00	63.04
264083	7	S5125		10/09/13	10/09/13	16.00	63.04
264083	8	S5125		10/10/13	10/10/13	16.00	63.04
264083	9	S5125		10/11/13	10/11/13	16.00	63.04
264083	10	S5125		10/14/13	10/14/13	16.00	63.04
264083	11	S5125		10/15/13	10/15/13	16.00	63.04
264083	12	S5125		10/16/13	10/16/13	16.00	63.04
264083	13	S5125		10/17/13	10/17/13	16.00	63.04
264083	14	S5125		10/18/13	10/18/13	16.00	63.04
						CLAIM TOTAL	882.56
						CLAIM ACCOUNT REF.	2640830012014116SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014185 2014185 SUAREZ, ROSA 03/18/1924 GNT07427000 10/2/2013-00698-0002  
DIAGNOSIS CODES : 290.0 300.02 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
264068	1	S5125		10/12/13	10/12/13	36.00	141.84
264068	2	S5125		10/13/13	10/13/13	36.00	141.84
264068	3	S5125		10/14/13	10/14/13	36.00	141.84
264068	4	S5125		10/15/13	10/15/13	36.00	141.84
264068	5	S5125		10/16/13	10/16/13	36.00	141.84
264068	6	S5125		10/17/13	10/17/13	36.00	141.84
264068	7	S5125		10/18/13	10/18/13	36.00	141.84
						CLAIM TOTAL	992.88
						CLAIM ACCOUNT REF.	2640680012014185SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011642 2014195 FLORES, ROSA 09/26/1934 GNT07506300 10/2/2013-00707-0002  
DIAGNOSIS CODES : 250.00 244.9 311. 401.9 428.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263959	1	S5125		10/12/13	10/12/13	24.00	94.56

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
263959	2	S5125		10/13/13	10/13/13	24.00	94.56	
263959	3	S5125		10/14/13	10/14/13	32.00	126.08	
263959	4	S5125		10/15/13	10/15/13	32.00	126.08	
263959	5	S5125		10/16/13	10/16/13	32.00	126.08	
263959	6	S5125		10/17/13	10/17/13	32.00	126.08	
263959	7	S5125		10/18/13	10/18/13	32.00	126.08	
				CLAIM TOTAL			819.52	CLAIM ACCOUNT REF. 2639590012014195SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2014198 2014198 VALERA, ANTONIO 05/25/1918 GNT07379200 10/2/2013-00717-0002  
DIAGNOSIS CODES : 496.  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264077	1	T1019		10/12/13	10/12/13	24.00	94.56	
264077	2	T1019		10/14/13	10/14/13	24.00	94.56	
264077	3	T1019		10/15/13	10/15/13	24.00	94.56	
264077	4	T1019		10/16/13	10/16/13	24.00	94.56	
264077	5	T1019		10/17/13	10/17/13	24.00	94.56	
264077	6	T1019		10/18/13	10/18/13	24.00	94.56	
				CLAIM TOTAL			567.36	CLAIM ACCOUNT REF. 2640770012014198SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013017 2014225 SCHENK, ENI 12/04/1948 GNT06973400 3/28/2013-00322-0007  
DIAGNOSIS CODES : 290.0 244.9 300.00  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264063	1	S5125		10/05/13	10/05/13	20.00	78.80	
264063	2	S5125		10/09/13	10/09/13	16.00	63.04	
264063	3	S5125		10/10/13	10/10/13	16.00	63.04	
264063	4	S5125		10/11/13	10/11/13	16.00	63.04	
264063	5	S5125		10/13/13	10/13/13	16.00	63.04	
264063	6	S5125		10/16/13	10/16/13	16.00	63.04	
264063	7	S5125		10/17/13	10/17/13	16.00	63.04	
264063	8	S5125		10/18/13	10/18/13	16.00	63.04	
				CLAIM TOTAL			520.08	CLAIM ACCOUNT REF. 2640630012014225SUP

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = GUILD                      GUILDNET

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010773 2014294 MCQUAIL, MAUREEN 10/23/1934 GNT06367800 9/13/2012-00602-0010  
DIAGNOSIS CODES : 331.0 244.9 250.80 278.02 447.8 715.98  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
264000	1	S5126		10/12/13	10/12/13	1.00	200.00	
264000	2	S5126		10/13/13	10/13/13	1.00	200.00	
264000	3	S5126		10/14/13	10/14/13	1.00	200.00	
264000	4	S5126		10/15/13	10/15/13	1.00	200.00	
264000	5	S5126		10/16/13	10/16/13	1.00	200.00	
264000	6	S5126		10/17/13	10/17/13	1.00	200.00	
264000	7	S5126		10/18/13	10/18/13	1.00	200.00	
				CLAIM TOTAL		1,400.00		CLAIM ACCOUNT REF. 2640000012014294SUP

PAYER TOTALS: GUILDNET                      # OF CLAIMS = 1180    TOTAL CLAIM AMOUNT = 126,906.89  
# SERVICES = 178



REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = ICS01

SUNNYSIDE CITYWIDE  
ICS

NPI = 1154407492

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008389 2011453 MUSHAYEV, BORIS 08/14/1947 7235 512524  
DIAGNOSIS CODES : 401.9 250.00 425.8 428.0 441.00 715.90  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263895	1	T1019	1C	0570		10/14/13	10/14/13	6.00	98.40
263895	2	T1019	1C	0570		10/15/13	10/15/13	6.00	98.40
263895	3	T1019	1C	0570		10/16/13	10/16/13	6.00	98.40
263895	4	T1019	1C	0570		10/17/13	10/17/13	6.00	98.40
263895	5	T1019	1C	0570		10/18/13	10/18/13	6.00	98.40
CLAIM TOTAL									492.00
CLAIM ACCOUNT REF. 2638950012011453SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011869 2011869 JONES, VALERIE 10/10/1948 1457 479978  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263894	1	T1019	1C	0570		09/26/13	09/26/13	4.00	65.60
263894	2	T1019	1C	0570		09/27/13	09/27/13	4.00	65.60
CLAIM TOTAL									131.20
CLAIM ACCOUNT REF. 2638940012011869SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011870 2011870 AGOSTINI, MONSERRATE 07/18/1944 558 480096  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263891	1	T1019	1C	0570		10/14/13	10/14/13	6.00	98.40
263891	2	T1019	1C	0570		10/15/13	10/15/13	6.00	98.40
263891	3	T1019	1C	0570		10/16/13	10/16/13	6.00	98.40
263891	4	T1019	1C	0570		10/17/13	10/17/13	6.00	98.40
263891	5	T1019	1C	0570		10/18/13	10/18/13	6.00	98.40
CLAIM TOTAL									492.00
CLAIM ACCOUNT REF. 2638910012011870SUP									

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES : 438.9  
CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE	CD	FROM DT	THRU DT	UNITS	AMOUNT
263892	1	T1019	1C	0570		10/10/13	10/10/13	4.00	65.60
263892	2	T1019	1C	0570		10/12/13	10/12/13	4.00	65.60

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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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
263892	3	T1019	1C	0570	10/13/13	10/13/13	4.00	65.60
263892	4	T1019	1C	0570	10/14/13	10/14/13	4.00	65.60
263892	5	T1019	1C	0570	10/15/13	10/15/13	4.00	65.60
263892	6	T1019	1C	0570	10/16/13	10/16/13	4.00	65.60
263892	7	T1019	1C	0570	10/17/13	10/17/13	4.00	65.60
263892	8	T1019	1C	0570	10/18/13	10/18/13	4.00	65.60
CLAIM TOTAL								524.80

CLAIM ACCOUNT REF. 2638920012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 502272  
DIAGNOSIS CODES : 290.0 280.9 401.9  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263898	1	T1019	1C	0570	10/12/13	10/12/13	8.00	131.20
263898	2	T1019	1C	0570	10/13/13	10/13/13	8.00	131.20
263898	3	T1019	1C	0570	10/15/13	10/15/13	8.00	131.20
263898	4	T1019	1C	0570	10/16/13	10/16/13	8.00	131.20
263898	5	T1019	1C	0570	10/17/13	10/17/13	8.00	131.20
263898	6	T1019	1C	0570	10/18/13	10/18/13	8.00	131.20
CLAIM TOTAL								787.20

CLAIM ACCOUNT REF. 2638980012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 470412  
DIAGNOSIS CODES : 781.2  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263896	1	T1019	1C	0570	10/12/13	10/12/13	24.00	393.60
263896	2	T1019	1C	0570	10/13/13	10/13/13	23.00	377.20
263896	3	T1019	1C	0570	10/14/13	10/14/13	23.50	385.40
263896	4	T1019	1C	0570	10/15/13	10/15/13	23.50	385.40
263896	5	T1019	1C	0570	10/16/13	10/16/13	23.50	385.40
263896	6	T1019	1C	0570	10/17/13	10/17/13	23.75	389.50
263896	7	T1019	1C	0570	10/18/13	10/18/13	23.75	389.50
CLAIM TOTAL								2,706.00

CLAIM ACCOUNT REF. 2638960012013320SUP

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

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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NPI = 1154407492

CLAIM ACCOUNT REF. 2638970012013470SUP

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2638930012013587SUP

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2638990012013676SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	7,109.40
		# SERVICES =	9		

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013100815400002  
DIAGNOSIS CODES : 250.11 272.0 401.9 435.9 586.

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263890	1	T1019	0580	10/15/13	10/15/13	16.00	67.52
263890	2	T1019	0580	10/16/13	10/16/13	16.00	67.52
263890	3	T1019	0580	10/17/13	10/17/13	16.00	67.52
263890	4	T1019	0580	10/18/13	10/18/13	16.00	67.52
CLAIM TOTAL							270.08
CLAIM ACCOUNT REF.							2638900012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPY49578E01 2013090915500001  
DIAGNOSIS CODES : 299.00 317.

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263889	1	T1019	0580	10/14/13	10/14/13	40.00	168.80
263889	2	T1019	0580	10/15/13	10/15/13	40.00	168.80
263889	3	T1019	0580	10/16/13	10/16/13	40.00	168.80
263889	4	T1019	0580	10/17/13	10/17/13	40.00	168.80
263889	5	T1019	0580	10/18/13	10/18/13	40.00	168.80
CLAIM TOTAL							844.00
CLAIM ACCOUNT REF.							2638890012012890SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013072615400005  
DIAGNOSIS CODES : 571.5 401.9

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263887	1	T1019	0580	10/01/13	10/01/13	24.00	101.28
CLAIM TOTAL							101.28
CLAIM ACCOUNT REF.							2638870012013851SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013851 2013851 ARTEAGA, ANA 12/15/1954 JYU81582H01 2013101715400004  
DIAGNOSIS CODES : 571.5 401.9

DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

CLAIM REFERENCE #: CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
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NPI = 1154407492

CLAIM TOTAL

1,147.84 CLAIM ACCOUNT REF. 2638880012013851SUP

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	2,363.20
		# SERVICES =	3		

REPORT DATE 10/23/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = VCMINST                      VILLAGE CARE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013600 2013600 MULLINGS, LUCILLE 11/20/1941 10000258001 062713005394  
DIAGNOSIS CODES : 715.90 311. 695.4  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263905	1	T1019		0580	10/16/13	10/16/13	16.00	63.04
263905	2	T1019		0580	10/17/13	10/17/13	16.00	63.04
263905	3	T1019		0580	10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL								189.12

CLAIM ACCOUNT REF. 2639050012013600SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013622 2013622 BERNARDI, SOLMARIA 06/28/1931 10000270501 062713005409  
DIAGNOSIS CODES : 715.90 311. 401.9 553.3  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263901	1	T1019		0580	10/14/13	10/14/13	15.00	59.10
263901	2	T1019		0580	10/16/13	10/16/13	16.00	63.04
CLAIM TOTAL								122.14

CLAIM ACCOUNT REF. 2639010012013622SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013758 2013758 KLEIN, SHIRLEY 08/05/1929 10000164601 072313005746  
DIAGNOSIS CODES : 781.0  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263904	1	T1019		0580	10/12/13	10/12/13	16.00	63.04
263904	2	T1019		0580	10/13/13	10/13/13	16.00	63.04
263904	3	T1019		0580	10/14/13	10/14/13	16.00	63.04
263904	4	T1019		0580	10/15/13	10/15/13	16.00	63.04
263904	5	T1019		0580	10/16/13	10/16/13	16.00	63.04
263904	6	T1019		0580	10/17/13	10/17/13	16.00	63.04
263904	7	T1019		0580	10/18/13	10/18/13	16.00	63.04
CLAIM TOTAL								441.28

CLAIM ACCOUNT REF. 2639040012013758SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008987 2013844 FAY, JULIA 10/29/1939 NR67604V 073113006128  
DIAGNOSIS CODES : 496. 493.90  
CLAIM REFERENCE #:

CLAIM FREQ: 1 (ORIGINAL)

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
263902	1	T1019		0580	08/20/13	08/20/13	20.00	78.80
CLAIM TOTAL								78.80

CLAIM ACCOUNT REF. 2639020012013844SUP

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NPI = 1154407492

CLAIM FREO: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2639070012014193SUP

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2639060012014194SUP

CLAIM FREQ: 1 (ORIGINAL)

CLAIM ACCOUNT REF. 2639030012014200SUP

# OF CLAIMS =	24	TOTAL CLAIM AMOUNT =	1,918.42
# SERVICES =	7		

# OF CLAIMS =	2491	TOTAL CLAIM AMOUNT =	299,296.47
# SERVICES =	398		