

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228125 | 1 | T1020 | | 01/26/13 | 01/26/13 | 11.00 | 185.57 |
| 228125 | 2 | T1020 | | 01/28/13 | 01/28/13 | 6.00 | 101.22 |
| 228125 | 3 | T1020 | | 01/29/13 | 01/29/13 | 6.00 | 101.22 |
| 228125 | 4 | T1020 | | 01/30/13 | 01/30/13 | 6.00 | 101.22 |
| 228125 | 5 | T1020 | | 01/31/13 | 01/31/13 | 6.00 | 101.22 |
| 228125 | 6 | T1020 | | 02/01/13 | 02/01/13 | 6.00 | 101.22 |
| CLAIM TOTAL | | | | | | | 691.67 |
| | | | | | | | CLAIM ACCOUNT REF. 2281250012008267SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228121 | 1 | T1020 | | 01/26/13 | 01/26/13 | 7.00 | 118.09 |
| 228121 | 2 | T1020 | | 01/27/13 | 01/27/13 | 7.00 | 118.09 |
| 228121 | 3 | T1020 | | 01/28/13 | 01/28/13 | 7.00 | 118.09 |
| 228121 | 4 | T1020 | | 01/29/13 | 01/29/13 | 7.00 | 118.09 |
| 228121 | 5 | T1020 | | 01/30/13 | 01/30/13 | 7.00 | 118.09 |
| 228121 | 6 | T1020 | | 01/31/13 | 01/31/13 | 7.00 | 118.09 |
| 228121 | 7 | T1020 | | 02/01/13 | 02/01/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | | 826.63 |
| | | | | | | | CLAIM ACCOUNT REF. 2281210012008306SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228120 | 1 | T1020 | | 12/28/12 | 12/28/12 | 7.00 | 118.09 |
| 228120 | 2 | T1020 | | 01/12/13 | 01/12/13 | 7.00 | 118.09 |
| 228120 | 3 | T1020 | | 01/26/13 | 01/26/13 | 7.00 | 118.09 |
| 228120 | 4 | T1020 | | 01/27/13 | 01/27/13 | 7.00 | 118.09 |
| 228120 | 5 | T1020 | | 01/28/13 | 01/28/13 | 7.00 | 118.09 |
| 228120 | 6 | T1020 | | 01/29/13 | 01/29/13 | 7.00 | 118.09 |
| 228120 | 7 | T1020 | | 01/30/13 | 01/30/13 | 7.00 | 118.09 |
| 228120 | 8 | T1020 | | 01/31/13 | 01/31/13 | 14.00 | 236.18 |
| 228120 | 9 | T1020 | | 02/01/13 | 02/01/13 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | | 1,180.90 |
| | | | | | | | CLAIM ACCOUNT REF. 2281200012008386SUP |

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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 2008400 2008400 SAMOJEDNY, MICHAEL 01/20/1954 74102201600 113550568
DIAGNOSIS CODES: 436. 401.9 571.5 780.4 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|---|
| 228124 | 1 | T1020 | | 01/29/13 | 01/29/13 | 4.00 | 67.48 |
| 228124 | 2 | T1020 | | 01/31/13 | 01/31/13 | 4.00 | 67.48 |
| 228124 | 3 | T1020 | | 02/01/13 | 02/01/13 | 4.00 | 67.48 |
| CLAIM TOTAL | | | | | | 202.44 | CLAIM ACCOUNT REF. 2281240012008400SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|---|
| 228126 | 1 | T1020 | | 01/26/13 | 01/26/13 | 9.00 | 151.83 |
| 228126 | 2 | T1020 | | 01/27/13 | 01/27/13 | 9.00 | 151.83 |
| 228126 | 3 | T1020 | | 01/28/13 | 01/28/13 | 9.00 | 151.83 |
| 228126 | 4 | T1020 | | 01/29/13 | 01/29/13 | 9.00 | 151.83 |
| 228126 | 5 | T1020 | | 01/30/13 | 01/30/13 | 9.00 | 151.83 |
| 228126 | 6 | T1020 | | 01/31/13 | 01/31/13 | 9.00 | 151.83 |
| 228126 | 7 | T1020 | | 02/01/13 | 02/01/13 | 9.00 | 151.83 |
| CLAIM TOTAL | | | | | | 1,062.81 | CLAIM ACCOUNT REF. 2281260012010041SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|---|
| 228123 | 1 | T1020 | | 01/28/13 | 01/28/13 | 5.00 | 84.35 |
| 228123 | 2 | T1020 | | 01/29/13 | 01/29/13 | 4.50 | 75.92 |
| 228123 | 3 | T1020 | | 01/30/13 | 01/30/13 | 5.00 | 84.35 |
| 228123 | 4 | T1020 | | 01/31/13 | 01/31/13 | 5.00 | 84.35 |
| 228123 | 5 | T1020 | | 02/01/13 | 02/01/13 | 4.00 | 67.48 |
| CLAIM TOTAL | | | | | | 396.45 | CLAIM ACCOUNT REF. 2281230012010712SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011495 2011495 ISKANDER, JACOB S 04/14/1949 74226723400 122720054
DIAGNOSIS CODES: 748.60 253.5 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228122 | 1 | T1020 | | 01/26/13 | 01/26/13 | 8.00 | 134.96 |
| 228122 | 2 | T1020 | | 01/27/13 | 01/27/13 | 8.00 | 134.96 |
| 228122 | 3 | T1020 | | 01/28/13 | 01/28/13 | 8.00 | 134.96 |

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NPI = 1154407492

AMOUNT

| | | | | | |
|---------------|-----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | FIDELIS CARE NY | # OF CLAIMS = | 40 | TOTAL CLAIM AMOUNT = | 4,765.78 |
| | | # SERVICES = | 7 | | |

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008261 2008261 FERNANDEZ, MARIA 07/24/1943 10062577601 072111255060
DIAGNOSIS CODES: 250.00 272.2 493.00 536.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|---|
| 228106 | 1 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| 228106 | 2 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 67.52 |
| 228106 | 3 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 202.56 | CLAIM ACCOUNT REF. 2281060012008261SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|---|
| 228112 | 1 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 101.28 |
| 228112 | 2 | T1019 | | 01/27/13 | 01/27/13 | 24.00 | 101.28 |
| 228112 | 3 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 |
| 228112 | 4 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 |
| 228112 | 5 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 |
| 228112 | 6 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 |
| 228112 | 7 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | 708.96 | CLAIM ACCOUNT REF. 2281120012008263SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|---|
| 228117 | 1 | T1019 | | 01/26/13 | 01/26/13 | 28.00 | 118.16 |
| 228117 | 2 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 168.80 |
| 228117 | 3 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 |
| 228117 | 4 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 |
| 228117 | 5 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 168.80 |
| 228117 | 6 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 |
| 228117 | 7 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,130.96 | CLAIM ACCOUNT REF. 2281170012008265SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228119 | 1 | T1019 | | 01/26/13 | 01/26/13 | 16.00 | 67.52 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 228119 | 2 | T1019 | | 01/27/13 | 01/27/13 | 16.00 | 67.52 | |
| 228119 | 3 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 | |
| 228119 | 4 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228119 | 5 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 | |
| 228119 | 6 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |
| 228119 | 7 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 | |
| | | | | CLAIM TOTAL | | | 641.44 | CLAIM ACCOUNT REF. 2281190012008303SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 228109 | 1 | T1019 | | 01/15/13 | 01/15/13 | 16.00 | 67.52 | |
| 228109 | 2 | T1019 | | 01/22/13 | 01/22/13 | 20.00 | 84.40 | |
| 228109 | 3 | T1019 | | 01/24/13 | 01/24/13 | 20.00 | 84.40 | |
| 228109 | 4 | T1019 | | 01/25/13 | 01/25/13 | 20.00 | 84.40 | |
| 228109 | 5 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 84.40 | |
| 228109 | 6 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| 228109 | 7 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 84.40 | |
| 228109 | 8 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 84.40 | |
| 228109 | 9 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 | |
| | | | | CLAIM TOTAL | | | 725.84 | CLAIM ACCOUNT REF. 2281090012008366SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 228103 | 1 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 | |
| 228103 | 2 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 118.16 | |
| 228103 | 3 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 118.16 | |
| | | | | CLAIM TOTAL | | | 371.36 | CLAIM ACCOUNT REF. 2281030012008403SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228114 | 1 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 | |
| 228114 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228114 | 3 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 | |
| 228114 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051
PAYER ID = 11325

SUNNYSIDE CITYWIDE
NEIGHBORHOOD HEALTH

NPI = 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228114 | 5 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 506.40 | CLAIM ACCOUNT REF. 2281140012008421SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2008422 | 2008422 | MOSKOWITZ, RONA | 02/16/1952 | 10063710601 | 072211255325 |
| DIAGNOSIS | CODES: | 799.89 | 401.9 | 493.92 | 729.0 | V02.62 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228113 | 1 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 101.28 | |
| 228113 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228113 | 3 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |
| 228113 | 4 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 388.24 | CLAIM ACCOUNT REF. 2281130012008422SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228118 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 67.52 | |
| 228118 | 2 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 135.04 | CLAIM ACCOUNT REF. 2281180012008425SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228107 | 1 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 168.80 | |
| 228107 | 2 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 | |
| 228107 | 3 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 | |
| 228107 | 4 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 | |
| 228107 | 5 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 844.00 | CLAIM ACCOUNT REF. 2281070012008427SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228115 | 1 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 | |
| 228115 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228115 | 3 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 11325 NEIGHBORHOOD HEALTH

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 228115 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |
| 228115 | 5 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | 506.40 | | CLAIM ACCOUNT REF. 2281150012008531SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 228111 | 1 | T1019 | | 01/25/13 | 01/25/13 | 28.00 | 118.16 | |
| 228111 | 2 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 118.16 | |
| 228111 | 3 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | 354.48 | | CLAIM ACCOUNT REF. 2281110012008742SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 228105 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 67.52 | |
| 228105 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228105 | 3 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 | |
| 228105 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |
| 228105 | 5 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | 472.64 | | CLAIM ACCOUNT REF. 2281050012008802SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|--|
| 228110 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 202.56 | |
| 228110 | 2 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 202.56 | |
| 228110 | 3 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 202.56 | |
| 228110 | 4 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 202.56 | |
| 228110 | 5 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 202.56 | |
| 228110 | 6 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 202.56 | |
| 228110 | 7 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 202.56 | |
| | | | | | CLAIM TOTAL | 1,417.92 | | CLAIM ACCOUNT REF. 2281100012009356SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228101 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 |
| 228101 | 2 | T1019 | | 01/27/13 | 01/27/13 | 32.00 | 135.04 |
| 228101 | 3 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228101 | 4 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228101 | 5 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228101 | 6 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228101 | 7 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2281010012010143SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228116 | 1 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 84.40 |
| 228116 | 2 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 168.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2281160012010353SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228108 | 1 | T1019 | | 01/27/13 | 01/27/13 | 24.00 | 101.28 |
| 228108 | 2 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 |
| 228108 | 3 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 118.16 |
| 228108 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 |
| 228108 | 5 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 540.16 |
| CLAIM ACCOUNT REF. | | | | | | | 2281080012010639SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228102 | 1 | T1019 | | 01/28/13 | 01/28/13 | 36.00 | 151.92 |
| 228102 | 2 | T1019 | | 01/29/13 | 01/29/13 | 36.00 | 151.92 |
| 228102 | 3 | T1019 | | 01/30/13 | 01/30/13 | 36.00 | 151.92 |
| 228102 | 4 | T1019 | | 01/31/13 | 01/31/13 | 36.00 | 151.92 |

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NPI = 1154407492

CLAIM ACCOUNT REF. 2281020012010878SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2281040012012500SUP

| | | | | | |
|---------------|---------------------|---------------|----|----------------------|-----------|
| PAYER TOTALS: | NEIGHBORHOOD HEALTH | # OF CLAIMS = | 92 | TOTAL CLAIM AMOUNT = | 10,972.00 |
| | | # SERVICES = | 19 | | |

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008233 2008233 ARIAS, NORA 03/31/1981 RB08739R 0112181290326
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228150 | 1 | T1019 | | 01/27/13 | 01/27/13 | 4.00 | 68.60 |
| 228150 | 2 | T1019 | | 01/28/13 | 01/28/13 | 12.00 | 205.80 |
| 228150 | 3 | T1019 | | 01/29/13 | 01/29/13 | 12.00 | 205.80 |
| 228150 | 4 | T1019 | | 01/30/13 | 01/30/13 | 12.00 | 205.80 |
| 228150 | 5 | T1019 | | 01/31/13 | 01/31/13 | 12.00 | 205.80 |
| 228150 | 6 | T1019 | | 02/01/13 | 02/01/13 | 12.00 | 205.80 |
| CLAIM TOTAL | | | | | | 1,097.60 | CLAIM ACCOUNT REF. 2281500012008233SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228158 | 1 | T1019 | | 01/26/13 | 01/26/13 | 8.00 | 137.20 |
| 228158 | 2 | T1019 | | 01/27/13 | 01/27/13 | 8.00 | 137.20 |
| 228158 | 3 | T1019 | | 01/28/13 | 01/28/13 | 11.00 | 188.65 |
| 228158 | 4 | T1019 | | 01/29/13 | 01/29/13 | 11.00 | 188.65 |
| 228158 | 5 | T1019 | | 01/30/13 | 01/30/13 | 11.00 | 188.65 |
| 228158 | 6 | T1019 | | 01/31/13 | 01/31/13 | 11.00 | 188.65 |
| 228158 | 7 | T1019 | | 02/01/13 | 02/01/13 | 11.00 | 188.65 |
| CLAIM TOTAL | | | | | | 1,217.65 | CLAIM ACCOUNT REF. 2281580012008236SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008237 2008237 DURHAM, CYNTHIA 05/23/1960 ZB21969Z 0107031290005
DIAGNOSIS CODES: 401.9 250.00 300.00 345.90 493.90 530.81

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228153 | 1 | T1019 | | 01/23/13 | 01/23/13 | 4.00 | 68.60 |
| 228153 | 2 | T1019 | | 01/25/13 | 01/25/13 | 4.00 | 68.60 |
| 228153 | 3 | T1019 | | 01/28/13 | 01/28/13 | 4.00 | 68.60 |
| 228153 | 4 | T1019 | | 01/30/13 | 01/30/13 | 4.00 | 68.60 |
| 228153 | 5 | T1019 | | 01/31/13 | 01/31/13 | 4.00 | 68.60 |
| 228153 | 6 | T1019 | | 02/01/13 | 02/01/13 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | 411.60 | CLAIM ACCOUNT REF. 2281530012008237SUP |

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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 2008284 2008284 ANDERSON, BETH 12/18/1947 YC43135F 0108141290047
DIAGNOSIS CODES: 340. 286.0 311. 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228149 | 1 | T1019 | | 01/27/13 | 01/27/13 | 2.00 | 34.30 |
| 228149 | 2 | T1019 | | 01/28/13 | 01/28/13 | 5.00 | 85.75 |
| 228149 | 3 | T1019 | | 01/29/13 | 01/29/13 | 5.00 | 85.75 |
| 228149 | 4 | T1019 | | 01/30/13 | 01/30/13 | 5.00 | 85.75 |
| 228149 | 5 | T1019 | | 01/31/13 | 01/31/13 | 5.00 | 85.75 |
| 228149 | 6 | T1019 | | 02/01/13 | 02/01/13 | 5.00 | 85.75 |
| CLAIM TOTAL | | | | | | | 463.05 |
| CLAIM ACCOUNT REF. | | | | | | | 2281490012008284SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228155 | 1 | T1019 | | 01/28/13 | 01/28/13 | 10.00 | 171.50 |
| 228155 | 2 | T1019 | | 01/29/13 | 01/29/13 | 10.00 | 171.50 |
| 228155 | 3 | T1019 | | 01/30/13 | 01/30/13 | 10.00 | 171.50 |
| 228155 | 4 | T1019 | | 01/31/13 | 01/31/13 | 9.00 | 154.35 |
| 228155 | 5 | T1019 | | 02/01/13 | 02/01/13 | 9.00 | 154.35 |
| CLAIM TOTAL | | | | | | | 823.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2281550012008385SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008417 2008417 GALAS, TERESA 06/08/1955 ZX91437V 0106191290406
DIAGNOSIS CODES: 345.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228154 | 1 | T1019 | | 01/26/13 | 01/26/13 | 5.00 | 85.75 |
| 228154 | 2 | T1019 | | 01/27/13 | 01/27/13 | 5.00 | 85.75 |
| 228154 | 3 | T1019 | | 01/28/13 | 01/28/13 | 5.00 | 85.75 |
| 228154 | 4 | T1019 | | 01/29/13 | 01/29/13 | 5.00 | 85.75 |
| 228154 | 5 | T1019 | | 01/30/13 | 01/30/13 | 5.00 | 85.75 |
| 228154 | 6 | T1019 | | 01/31/13 | 01/31/13 | 5.00 | 85.75 |
| 228154 | 7 | T1019 | | 02/01/13 | 02/01/13 | 5.00 | 85.75 |
| CLAIM TOTAL | | | | | | | 600.25 |
| CLAIM ACCOUNT REF. | | | | | | | 2281540012008417SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 0108071290383
DIAGNOSIS CODES: 401.9 250.00 272.0 278.00 295.00 311. 780.57

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228160 | 1 | T1019 | | 01/28/13 | 01/28/13 | 8.00 | 137.20 |
| 228160 | 2 | T1019 | | 01/29/13 | 01/29/13 | 8.00 | 137.20 |
| 228160 | 3 | T1019 | | 01/30/13 | 01/30/13 | 8.00 | 137.20 |
| 228160 | 4 | T1019 | | 01/31/13 | 01/31/13 | 7.00 | 120.05 |
| 228160 | 5 | T1019 | | 02/01/13 | 02/01/13 | 8.00 | 137.20 |
| CLAIM TOTAL | | | | | | | 668.85 |

CLAIM ACCOUNT REF. 2281600012008418SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008743 2008743 CORDERO, ROSENDO 08/26/1926 QM62108S 0108071290054
DIAGNOSIS CODES: 492.0 272.0 401.9 715.00 788.30

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 228151 | 1 | T1019 | | 01/26/13 | 01/26/13 | 10.00 | 171.50 |
| 228151 | 2 | T1019 | | 01/27/13 | 01/27/13 | 10.00 | 171.50 |
| 228151 | 3 | T1019 | | 01/28/13 | 01/28/13 | 10.00 | 171.50 |
| 228151 | 4 | T1019 | | 01/29/13 | 01/29/13 | 10.00 | 171.50 |
| 228151 | 5 | T1019 | | 01/30/13 | 01/30/13 | 10.00 | 171.50 |
| 228151 | 6 | T1019 | | 01/31/13 | 01/31/13 | 10.00 | 171.50 |
| CLAIM TOTAL | | | | | | | 1,029.00 |

CLAIM ACCOUNT REF. 2281510012008743SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228161 | 1 | T1019 | | 01/29/13 | 01/29/13 | 5.00 | 85.75 |
| 228161 | 2 | T1019 | | 01/30/13 | 01/30/13 | 5.00 | 85.75 |
| 228161 | 3 | T1019 | | 01/31/13 | 01/31/13 | 5.00 | 85.75 |
| 228161 | 4 | T1019 | | 02/01/13 | 02/01/13 | 5.00 | 85.75 |
| CLAIM TOTAL | | | | | | | 343.00 |

CLAIM ACCOUNT REF. 2281610012009377SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008235 2009688 RAMPERSAID, ALISSA 08/04/1992 SZ46585R 0107031290329
DIAGNOSIS CODES: 319. 315.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228159 | 1 | T1019 | | 01/26/13 | 01/26/13 | 5.00 | 85.75 |
| 228159 | 2 | T1019 | | 01/28/13 | 01/28/13 | 3.00 | 51.45 |
| 228159 | 3 | T1019 | | 01/29/13 | 01/29/13 | 3.00 | 51.45 |

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

NPI = 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228159 | 4 | T1019 | | 01/30/13 | 01/30/13 | 3.00 | 51.45 | |
| 228159 | 5 | T1019 | | 01/31/13 | 01/31/13 | 3.00 | 51.45 | |
| 228159 | 6 | T1019 | | 02/01/13 | 02/01/13 | 4.00 | 68.60 | |
| | | | | | CLAIM TOTAL | | 360.15 | CLAIM ACCOUNT REF. 2281590012009688SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2008279 | 2010213 | VALLE, BLASINA | 02/03/1929 | QG00558G | 0110231290062 |
| DIAGNOSIS | CODES: | 428.0 | 244.9 | 272.4 | 331.0 | 537.9 | 746.85 |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 228162 | 1 | T1019 | | 01/17/13 | 01/17/13 | 8.00 | 137.20 | |
| 228162 | 2 | T1019 | | 01/18/13 | 01/18/13 | 8.00 | 137.20 | |
| 228162 | 3 | T1019 | | 01/19/13 | 01/19/13 | 8.00 | 137.20 | |
| 228162 | 4 | T1019 | | 01/21/13 | 01/21/13 | 8.00 | 137.20 | |
| 228162 | 5 | T1019 | | 01/22/13 | 01/22/13 | 8.00 | 137.20 | |
| 228162 | 6 | T1019 | | 01/23/13 | 01/23/13 | 8.00 | 137.20 | |
| 228162 | 7 | T1019 | | 01/25/13 | 01/25/13 | 8.00 | 137.20 | |
| 228162 | 8 | T1019 | | 01/26/13 | 01/26/13 | 8.00 | 137.20 | |
| 228162 | 9 | T1019 | | 01/28/13 | 01/28/13 | 8.00 | 137.20 | |
| 228162 | 10 | T1019 | | 01/29/13 | 01/29/13 | 8.00 | 137.20 | |
| 228162 | 11 | T1019 | | 01/30/13 | 01/30/13 | 8.00 | 137.20 | |
| | | | | | CLAIM TOTAL | | 1,509.20 | CLAIM ACCOUNT REF. 2281620012010213SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2010886 | 2010886 | OSORIO, ELVIA | 07/05/1943 | SM10426S | 0106111290284 |
| DIAGNOSIS | CODES: | 253.5 | 272.4 | 354.0 | 401.9 | 733.09 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228156 | 1 | T1019 | | 12/26/12 | 12/26/12 | 8.00 | 137.20 | |
| 228156 | 2 | T1019 | | 01/28/13 | 01/28/13 | 8.00 | 137.20 | |
| 228156 | 3 | T1019 | | 01/29/13 | 01/29/13 | 8.00 | 137.20 | |
| | | | | | CLAIM TOTAL | | 411.60 | CLAIM ACCOUNT REF. 2281560012010886SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228157 | 1 | T1019 | | 01/30/13 | 01/30/13 | 8.00 | 137.20 | |
| 228157 | 2 | T1019 | | 01/31/13 | 01/31/13 | 8.00 | 137.20 | |
| 228157 | 3 | T1019 | | 02/01/13 | 02/01/13 | 3.00 | 51.45 | |
| | | | | | CLAIM TOTAL | | 325.85 | CLAIM ACCOUNT REF. 2281570012010886SUP |

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NPI = 1154407492

PRIOR AUTHORIZATION #
0111191290232

CLAIM ACCOUNT REF. 2281520012011286SUP

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2281630012012382SUP

TOTAL CLAIM AMOUNT = 13,377.00

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008286 2008286 RAMIREZ, ALIDA A 12/10/1950 ZN85118U 110614772
DIAGNOSIS CODES: 250.00 272.4 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228194 | 1 | T1019 | | 01/26/13 | 01/26/13 | 36.00 | 154.80 |
| 228194 | 2 | T1019 | | 01/27/13 | 01/27/13 | 36.00 | 154.80 |
| 228194 | 3 | T1019 | | 01/28/13 | 01/28/13 | 36.00 | 154.80 |
| 228194 | 4 | T1019 | | 01/29/13 | 01/29/13 | 36.00 | 154.80 |
| 228194 | 5 | T1019 | | 01/30/13 | 01/30/13 | 36.00 | 154.80 |
| 228194 | 6 | T1019 | | 01/31/13 | 01/31/13 | 36.00 | 154.80 |
| CLAIM TOTAL | | | | | | | 928.80 |
| | | | | | | | CLAIM ACCOUNT REF. 2281940012008286SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1958 ZV42745Q 110885355
DIAGNOSIS CODES: 250.00 244.8 295.90 401.9 493.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228181 | 1 | T1019 | | 01/20/13 | 01/20/13 | 24.00 | 103.20 |
| 228181 | 2 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 103.20 |
| 228181 | 3 | T1019 | | 01/27/13 | 01/27/13 | 24.00 | 103.20 |
| 228181 | 4 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 103.20 |
| 228181 | 5 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 103.20 |
| 228181 | 6 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 103.20 |
| 228181 | 7 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | | 722.40 |
| | | | | | | | CLAIM ACCOUNT REF. 2281810012008495SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228174 | 1 | T1019 | | 01/20/13 | 01/20/13 | 28.00 | 120.40 |
| 228174 | 2 | T1019 | | 01/26/13 | 01/26/13 | 28.00 | 120.40 |
| 228174 | 3 | T1019 | | 01/27/13 | 01/27/13 | 28.00 | 120.40 |
| 228174 | 4 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 120.40 |
| 228174 | 5 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 120.40 |
| 228174 | 6 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 120.40 |
| 228174 | 7 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 120.40 |
| 228174 | 8 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 963.20 |
| | | | | | | | CLAIM ACCOUNT REF. 2281740012010404SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111205102
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228165 | 1 | T1019 | | 01/23/13 | 01/23/13 | 28.00 | 120.40 |
| 228165 | 2 | T1019 | | 01/24/13 | 01/24/13 | 28.00 | 120.40 |
| 228165 | 3 | T1019 | | 01/26/13 | 01/26/13 | 28.00 | 120.40 |
| 228165 | 4 | T1019 | | 01/27/13 | 01/27/13 | 28.00 | 120.40 |
| 228165 | 5 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 120.40 |
| 228165 | 6 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 120.40 |
| 228165 | 7 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 120.40 |
| 228165 | 8 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 963.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2281650012012101SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111205223
DIAGNOSIS CODES: 401.9 272.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228166 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 |
| 228166 | 2 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 |
| 228166 | 3 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 |
| 228166 | 4 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 |
| 228166 | 5 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 344.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2281660012012102SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228167 | 1 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 |
| 228167 | 2 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 |
| 228167 | 3 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 |
| 228167 | 4 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 86.00 |
| 228167 | 5 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 86.00 |
| 228167 | 6 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 498.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2281670012012103SUP |

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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 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111205448
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228168 | 1 | T1019 | | 01/26/13 | 01/26/13 | 40.00 | 172.00 |
| 228168 | 2 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 172.00 |
| 228168 | 3 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 172.00 |
| 228168 | 4 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 172.00 |
| 228168 | 5 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 172.00 |
| 228168 | 6 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 172.00 |
| 228168 | 7 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 172.00 |
| CLAIM TOTAL | | | | | | 1,204.00 | CLAIM ACCOUNT REF. 2281680012012104SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012106 2012106 CORNIEL, NICIA 01/01/1950 663394 111205505
DIAGNOSIS CODES: 250.02

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228169 | 1 | T1019 | | 01/14/13 | 01/14/13 | 16.00 | 68.80 |
| 228169 | 2 | T1019 | | 01/15/13 | 01/15/13 | 16.00 | 68.80 |
| 228169 | 3 | T1019 | | 01/21/13 | 01/21/13 | 16.00 | 68.80 |
| 228169 | 4 | T1019 | | 01/22/13 | 01/22/13 | 16.00 | 68.80 |
| 228169 | 5 | T1019 | | 01/23/13 | 01/23/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | 344.00 | CLAIM ACCOUNT REF. 2281690012012106SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228170 | 1 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 |
| 228170 | 2 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.60 |
| 228170 | 3 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 |
| 228170 | 4 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | 550.40 | CLAIM ACCOUNT REF. 2281700012012107SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111208481
DIAGNOSIS CODES: 369.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228171 | 1 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 103.20 |
| 228171 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 103.20 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228171 | 3 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 103.20 | |
| 228171 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 103.20 | |
| 228171 | 5 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 103.20 | |
| | | | | | CLAIM TOTAL | | 516.00 | CLAIM ACCOUNT REF. 2281710012012108SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|---------------|------------|--------------|-----------------------|
| NY 001 | 2012110 | 2012110 | GOMEZ, RANNIE | 09/11/1917 | 698802 | 111208906 |
| DIAGNOSIS | CODES: | 799.89 | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228172 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 68.80 | CLAIM ACCOUNT REF. 2281720012012110SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|---------------|------------|--------------|-----------------------|
| NY 001 | 2012110 | 2012110 | GOMEZ, RANNIE | 09/11/1917 | 698802 | 111339768 |
| DIAGNOSIS | CODES: | 799.89 | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228173 | 1 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 68.80 | CLAIM ACCOUNT REF. 2281730012012110SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228175 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 206.40 | |
| 228175 | 2 | T1019 | | 01/28/13 | 01/28/13 | 36.00 | 154.80 | |
| 228175 | 3 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 206.40 | |
| 228175 | 4 | T1019 | | 01/30/13 | 01/30/13 | 36.00 | 154.80 | |
| 228175 | 5 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 206.40 | |
| | | | | | CLAIM TOTAL | | 928.80 | CLAIM ACCOUNT REF. 2281750012012114SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228176 | 1 | T1019 | | 01/28/13 | 01/28/13 | 12.00 | 51.60 | |
| 228176 | 2 | T1019 | | 01/30/13 | 01/30/13 | 12.00 | 51.60 | |
| | | | | | CLAIM TOTAL | | 103.20 | CLAIM ACCOUNT REF. 2281760012012115SUP |

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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 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111213173
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228177 | 1 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 |
| 228177 | 2 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 |
| 228177 | 3 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 |
| 228177 | 4 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 |
| 228177 | 5 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 |
| 228177 | 6 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 |
| 228177 | 7 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 516.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2281770012012117SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228178 | 1 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 120.40 |
| 228178 | 2 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 120.40 |
| 228178 | 3 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 120.40 |
| 228178 | 4 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 120.40 |
| 228178 | 5 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 602.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2281780012012120SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228183 | 1 | T1019 | | 12/09/12 | 12/09/12 | 32.00 | 137.60 |
| 228183 | 2 | T1019 | | 12/10/12 | 12/10/12 | 32.00 | 137.60 |
| 228183 | 3 | T1019 | | 01/27/13 | 01/27/13 | 32.00 | 137.60 |
| 228183 | 4 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.60 |
| 228183 | 5 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 |
| 228183 | 6 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 |
| 228183 | 7 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 963.20 |
| | | | | | | | CLAIM ACCOUNT REF. 2281830012012121SUP |

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012122 2012122 MORALES, FRANCISCO 12/03/1935 744366 111218452
DIAGNOSIS CODES: 250.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228184 | 1 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 |
| 228184 | 2 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 |
| 228184 | 3 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 |
| 228184 | 4 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 86.00 |
| 228184 | 5 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 86.00 |
| 228184 | 6 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 86.00 |
| 228184 | 7 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | | 602.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2281840012012122SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228187 | 1 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 |
| 228187 | 2 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 |
| 228187 | 3 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 120.40 |
| 228187 | 4 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 120.40 |
| 228187 | 5 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 120.40 |
| 228187 | 6 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 120.40 |
| 228187 | 7 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | | 774.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2281870012012130SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228189 | 1 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 |
| 228189 | 2 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 137.60 |
| | | | | | | | CLAIM ACCOUNT REF. 2281890012012131SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228188 | 1 | T1019 | | 01/25/13 | 01/25/13 | 32.00 | 137.60 |
| 228188 | 2 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 14163 WELLCARE OF NY

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228188 | 3 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 | |
| 228188 | 4 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.60 | |
| 228188 | 5 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 | |
| 228188 | 6 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.60 | |
| 228188 | 7 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 | |
| 228188 | 8 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 | |
| | | | | | CLAIM TOTAL | | 997.60 | CLAIM ACCOUNT REF. 2281880012012132SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111218213
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228203 | 1 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 120.40 | |
| 228203 | 2 | T1019 | | 01/31/13 | 01/31/13 | 36.00 | 154.80 | |
| 228203 | 3 | T1019 | | 02/01/13 | 02/01/13 | 36.00 | 154.80 | |
| | | | | | CLAIM TOTAL | | 430.00 | CLAIM ACCOUNT REF. 2282030012012134SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012137 2012137 VAZQUEZ, ROSA 08/08/1934 695667 111202597
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228206 | 1 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.60 | |
| 228206 | 2 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 | |
| 228206 | 3 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.60 | |
| 228206 | 4 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 | |
| 228206 | 5 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 | |
| | | | | | CLAIM TOTAL | | 688.00 | CLAIM ACCOUNT REF. 2282060012012137SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111218008
DIAGNOSIS CODES: 253.5 401.9 429.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228207 | 1 | T1019 | | 01/23/13 | 01/23/13 | 16.00 | 68.80 | |
| 228207 | 2 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 | |
| 228207 | 3 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 | |
| 228207 | 4 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 | |
| | | | | | CLAIM TOTAL | | 275.20 | CLAIM ACCOUNT REF. 2282070012012138SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2012138 2012138 VENTURA, CLARA 09/17/1951 720456 111324838
DIAGNOSIS CODES: 253.5 401.9 429.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 228208 | 1 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 68.80 | CLAIM ACCOUNT REF. 2282080012012138SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012140 2012140 PATRICK, IMAGENE 03/27/1930 737028 111282273
DIAGNOSIS CODES: 294.10 153.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|----------|--|
| 228190 | 1 | T1019 | | 01/21/13 | 01/21/13 | 32.00 | 137.60 | |
| 228190 | 2 | T1019 | | 01/22/13 | 01/22/13 | 32.00 | 137.60 | |
| 228190 | 3 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 137.60 | |
| 228190 | 4 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.60 | |
| 228190 | 5 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 | |
| 228190 | 6 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.60 | |
| 228190 | 7 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 | |
| 228190 | 8 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 | |
| | | | | | | CLAIM TOTAL | 1,100.80 | CLAIM ACCOUNT REF. 2281900012012140SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111209898
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 228201 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 | |
| 228201 | 2 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 137.60 | CLAIM ACCOUNT REF. 2282010012012141SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 228202 | 1 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 68.80 | CLAIM ACCOUNT REF. 2282020012012141SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111217848
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 228182 | 1 | T1019 | | 01/28/13 | 01/28/13 | 12.00 | 51.60 | |
| 228182 | 2 | T1019 | | 01/29/13 | 01/29/13 | 12.00 | 51.60 | |
| 228182 | 3 | T1019 | | 01/31/13 | 01/31/13 | 12.00 | 51.60 | |
| 228182 | 4 | T1019 | | 02/01/13 | 02/01/13 | 12.00 | 51.60 | |
| | | | | CLAIM TOTAL | | 206.40 | | CLAIM ACCOUNT REF. 2281820012012142SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111218894
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 228185 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 | |
| 228185 | 2 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 | |
| 228185 | 3 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 | |
| 228185 | 4 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 | |
| | | | | CLAIM TOTAL | | 275.20 | | CLAIM ACCOUNT REF. 2281850012012143SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111381584
DIAGNOSIS CODES: 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|-------|--------|--|
| 228186 | 1 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 | |
| | | | | CLAIM TOTAL | | 68.80 | | CLAIM ACCOUNT REF. 2281860012012143SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|-------------|----------|--------|--------|--|
| 228193 | 1 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 | |
| 228193 | 2 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 86.00 | |
| 228193 | 3 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 86.00 | |
| | | | | CLAIM TOTAL | | 258.00 | | CLAIM ACCOUNT REF. 2281930012012144SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111220442
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228191 | 1 | T1019 | | 01/23/13 | 01/23/13 | 16.00 | 68.80 |
| 228191 | 2 | T1019 | | 01/24/13 | 01/24/13 | 16.00 | 68.80 |
| 228191 | 3 | T1019 | | 01/25/13 | 01/25/13 | 16.00 | 68.80 |
| 228191 | 4 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 |
| 228191 | 5 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 |
| 228191 | 6 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 |
| 228191 | 7 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 |
| 228191 | 8 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 550.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2281910012012145SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111220390
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228192 | 1 | T1019 | | 01/23/13 | 01/23/13 | 16.00 | 68.80 |
| 228192 | 2 | T1019 | | 01/24/13 | 01/24/13 | 16.00 | 68.80 |
| 228192 | 3 | T1019 | | 01/25/13 | 01/25/13 | 16.00 | 68.80 |
| 228192 | 4 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 |
| 228192 | 5 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 68.80 |
| 228192 | 6 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 68.80 |
| 228192 | 7 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 |
| 228192 | 8 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 550.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2281920012012146SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228195 | 1 | T1019 | | 01/04/13 | 01/04/13 | 20.00 | 86.00 |
| 228195 | 2 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 |
| 228195 | 3 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 86.00 |
| 228195 | 4 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 86.00 |
| 228195 | 5 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 86.00 |
| 228195 | 6 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | | 516.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2281950012012147SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111223158
DIAGNOSIS CODES: 250.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228196 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 137.60 |
| 228196 | 2 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.60 |
| 228196 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.60 |
| 228196 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 550.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2281960012012149SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228197 | 1 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.60 |
| 228197 | 2 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.60 |
| CLAIM TOTAL | | | | | | | 275.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2281970012012152SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228198 | 1 | T1019 | | 01/18/13 | 01/18/13 | 16.00 | 68.80 |
| 228198 | 2 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 |
| 228198 | 3 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 68.80 |
| CLAIM TOTAL | | | | | | | 206.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2281980012012153SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228199 | 1 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 103.20 |
| 228199 | 2 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 103.20 |
| 228199 | 3 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 103.20 |
| 228199 | 4 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 103.20 |
| 228199 | 5 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 103.20 |
| 228199 | 6 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | | 619.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2281990012012154SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111227610
DIAGNOSIS CODES: 555.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--------|
| 228200 | 1 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 |
| 228200 | 2 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 86.00 |
| 228200 | 3 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 86.00 |
| 228200 | 4 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 86.00 |
| 228200 | 5 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 86.00 |
| CLAIM TOTAL | | | | | | 430.00 | |

CLAIM ACCOUNT REF. 2282000012012155SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--------|
| 228179 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 206.40 |
| 228179 | 2 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 206.40 |
| 228179 | 3 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 206.40 |
| 228179 | 4 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 206.40 |
| 228179 | 5 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 206.40 |
| 228179 | 6 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 206.40 |
| 228179 | 7 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 206.40 |
| CLAIM TOTAL | | | | | | 1,444.80 | |

CLAIM ACCOUNT REF. 2281790012012158SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--------|
| 228180 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 206.40 |
| 228180 | 2 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 206.40 |
| 228180 | 3 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 206.40 |
| 228180 | 4 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 206.40 |
| 228180 | 5 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 206.40 |
| 228180 | 6 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 206.40 |
| 228180 | 7 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 206.40 |
| CLAIM TOTAL | | | | | | 1,444.80 | |

CLAIM ACCOUNT REF. 2281800012012159SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--------------------|--------------------|
| 228164 | 1 | T1019 | | 01/19/13 | 01/19/13 | 20.00 | 86.00 | | |
| 228164 | 2 | T1019 | | 01/20/13 | 01/20/13 | 20.00 | 86.00 | | |
| 228164 | 3 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 86.00 | | |
| 228164 | 4 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 86.00 | | |
| 228164 | 5 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 86.00 | | |
| 228164 | 6 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 86.00 | | |
| 228164 | 7 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 86.00 | | |
| 228164 | 8 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 86.00 | | |
| 228164 | 9 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 86.00 | | |
| | | | | | CLAIM TOTAL | 774.00 | | CLAIM ACCOUNT REF. | 2281640012012161SU |

| | | | | | | | |
|-------------------------|-----|---------|---------|-----------------|------------|--------------|-----------------------|
| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
| NY | 001 | 2012261 | 2012261 | SILVEIRA, BERTA | 06/23/1938 | 753060 | 111269031 |
| DIAGNOSIS CODES: 799.89 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 228204 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 68.80 | |
| 228204 | 2 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 68.80 | |
| | | | | | | CLAIM TOTAL | 137.60 | CLAIM ACCOUNT REF. 2282040012012261SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--------------------|---------------------|
| 228205 | 1 | T1019 | | 01/26/13 | 01/26/13 | 36.00 | 154.80 | | |
| 228205 | 2 | T1019 | | 01/28/13 | 01/28/13 | 36.00 | 154.80 | | |
| 228205 | 3 | T1019 | | 01/29/13 | 01/29/13 | 36.00 | 154.80 | | |
| 228205 | 4 | T1019 | | 01/30/13 | 01/30/13 | 36.00 | 154.80 | | |
| 228205 | 5 | T1019 | | 01/31/13 | 01/31/13 | 36.00 | 154.80 | | |
| 228205 | 6 | T1019 | | 02/01/13 | 02/01/13 | 36.00 | 154.80 | | |
| | | | | | | CLAIM TOTAL | 928.80 | CLAIM ACCOUNT REF. | 2282050012012266SUP |

| | | | | | |
|---------------|----------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | WELLCARE OF NY | # OF CLAIMS = | 222 | TOTAL CLAIM AMOUNT = | 24,802.40 |
| | | # SERVICES = | 41 | | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 ZR32498A01 0005044162
DIAGNOSIS CODES: 952.9 806.8 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228145 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 40.00 | 168.80 |
| 228145 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 40.00 | 168.80 |
| 228145 | 3 | T1019 | 0580 | 01/31/13 | 01/31/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 506.40 |
| CLAIM ACCOUNT REF. | | | | | | | 2281450012008491SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228148 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228148 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 |
| 228148 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2281480012008513SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228146 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 20.00 | 84.40 |
| 228146 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 20.00 | 84.40 |
| 228146 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 20.00 | 84.40 |
| 228146 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 20.00 | 84.40 |
| 228146 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 20.00 | 84.40 |
| 228146 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 20.00 | 84.40 |
| 228146 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 590.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2281460012008544SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228139 | 1 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 |
| 228139 | 2 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 67.52 |
| 228139 | 3 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2281390012008723SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228132 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 48.00 | 202.56 |
| 228132 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 48.00 | 202.56 |
| 228132 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 48.00 | 202.56 |
| 228132 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 48.00 | 202.56 |
| 228132 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 48.00 | 202.56 |
| 228132 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 48.00 | 202.56 |
| 228132 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | 1,417.92 | CLAIM ACCOUNT REF. 2281320012008793SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228141 | 1 | T1019 | 0580 | 01/27/13 | 01/27/13 | 32.00 | 135.04 |
| 228141 | 2 | T1019 | 0580 | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228141 | 3 | T1019 | 0580 | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228141 | 4 | T1019 | 0580 | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228141 | 5 | T1019 | 0580 | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228141 | 6 | T1019 | 0580 | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 810.24 | CLAIM ACCOUNT REF. 2281410012009237SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 228147 | 1 | T1019 | 0580 | 02/01/13 | 02/01/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | 84.40 | CLAIM ACCOUNT REF. 2281470012009269SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228143 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228143 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 |
| 228143 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| 228143 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 67.52 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228143 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 337.60 | CLAIM ACCOUNT REF. 2281430012009406SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228144 | 1 | T1019 | 0580 | 01/30/13 | 01/30/13 | 40.00 | 168.80 | |
| 228144 | 2 | T1019 | 0580 | 01/31/13 | 01/31/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 337.60 | CLAIM ACCOUNT REF. 2281440012009562SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228135 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 67.52 | |
| 228135 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| 228135 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 | |
| 228135 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 67.52 | |
| 228135 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 337.60 | CLAIM ACCOUNT REF. 2281350012009686SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228137 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 28.00 | 118.16 | |
| 228137 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 28.00 | 118.16 | |
| 228137 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 28.00 | 118.16 | |
| 228137 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 28.00 | 118.16 | |
| 228137 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 28.00 | 118.16 | |
| 228137 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 28.00 | 118.16 | |
| 228137 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | | 827.12 | CLAIM ACCOUNT REF. 2281370012009945SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228131 | 1 | T1019 | 0580 | 01/10/13 | 01/10/13 | 20.00 | 84.40 |
| 228131 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 24.00 | 101.28 |
| 228131 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 20.00 | 84.40 |
| 228131 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 20.00 | 84.40 |
| 228131 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 438.88 |

CLAIM ACCOUNT REF. 2281310012010293SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 228140 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 48.00 | 202.56 |
| 228140 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 48.00 | 202.56 |
| 228140 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 48.00 | 202.56 |
| 228140 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 48.00 | 202.56 |
| 228140 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 48.00 | 202.56 |
| 228140 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 48.00 | 202.56 |
| 228140 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | | 1,417.92 |

CLAIM ACCOUNT REF. 2281400012010316SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 228136 | 1 | T1019 | 0580 | 01/11/13 | 01/11/13 | 36.00 | 151.92 |
| 228136 | 2 | T1019 | 0580 | 01/26/13 | 01/26/13 | 36.00 | 151.92 |
| 228136 | 3 | T1019 | 0580 | 01/27/13 | 01/27/13 | 36.00 | 151.92 |
| 228136 | 4 | T1019 | 0580 | 01/28/13 | 01/28/13 | 36.00 | 151.92 |
| 228136 | 5 | T1019 | 0580 | 01/29/13 | 01/29/13 | 36.00 | 151.92 |
| 228136 | 6 | T1019 | 0580 | 01/30/13 | 01/30/13 | 36.00 | 151.92 |
| 228136 | 7 | T1019 | 0580 | 01/31/13 | 01/31/13 | 36.00 | 151.92 |
| 228136 | 8 | T1019 | 0580 | 02/01/13 | 02/01/13 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | | 1,215.36 |

CLAIM ACCOUNT REF. 2281360012010991SUP

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
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PROVIDER ID = 113502051 SUNNYSIDE CITYWIDE NPI = 1154407492
PAYER ID = 55247 HEALTH INSURANCE PLAN

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008113 2011066 COPELAND, ELISE 10/05/1928 QJ28865K 0005111746
DIAGNOSIS CODES: 250.00 369.9 311. 401.9 716.90

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 228133 | 1 | G0156 | 0572 | 01/26/13 | 01/26/13 | 8.00 | 114.00 | |
| 228133 | 2 | G0156 | 0572 | 01/27/13 | 01/27/13 | 8.00 | 114.00 | |
| 228133 | 3 | G0156 | 0572 | 01/28/13 | 01/28/13 | 8.00 | 114.00 | |
| 228133 | 4 | G0156 | 0572 | 01/29/13 | 01/29/13 | 8.00 | 114.00 | |
| 228133 | 5 | G0156 | 0572 | 01/30/13 | 01/30/13 | 8.00 | 114.00 | |
| 228133 | 6 | G0156 | 0572 | 01/31/13 | 01/31/13 | 8.00 | 114.00 | |
| 228133 | 7 | G0156 | 0572 | 02/01/13 | 02/01/13 | 8.00 | 114.00 | |
| | | | | | CLAIM TOTAL | 798.00 | | CLAIM ACCOUNT REF. 2281330012011066SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0005503237
DIAGNOSIS CODES: 250.03 369.60 401.9 414.04 799.89 V60.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|---|
| 228134 | 1 | G0156 | 0572 | 01/26/13 | 01/26/13 | 12.00 | 171.00 | |
| 228134 | 2 | G0156 | 0572 | 01/28/13 | 01/28/13 | 12.00 | 171.00 | |
| 228134 | 3 | G0156 | 0572 | 01/29/13 | 01/29/13 | 12.00 | 171.00 | |
| 228134 | 4 | G0156 | 0572 | 01/30/13 | 01/30/13 | 12.00 | 171.00 | |
| 228134 | 5 | G0156 | 0572 | 01/31/13 | 01/31/13 | 12.00 | 171.00 | |
| 228134 | 6 | G0156 | 0572 | 02/01/13 | 02/01/13 | 12.00 | 171.00 | |
| | | | | | CLAIM TOTAL | 1,026.00 | | CLAIM ACCOUNT REF. 2281340012011526SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|---|
| 228138 | 1 | T1019 | 0580 | 01/25/13 | 01/25/13 | 48.00 | 202.56 | |
| 228138 | 2 | T1019 | 0580 | 01/26/13 | 01/26/13 | 48.00 | 202.56 | |
| 228138 | 3 | T1019 | 0580 | 01/27/13 | 01/27/13 | 48.00 | 202.56 | |
| 228138 | 4 | T1019 | 0580 | 01/28/13 | 01/28/13 | 48.00 | 202.56 | |
| 228138 | 5 | T1019 | 0580 | 01/29/13 | 01/29/13 | 48.00 | 202.56 | |
| 228138 | 6 | T1019 | 0580 | 01/30/13 | 01/30/13 | 48.00 | 202.56 | |
| 228138 | 7 | T1019 | 0580 | 01/31/13 | 01/31/13 | 48.00 | 202.56 | |
| 228138 | 8 | T1019 | 0580 | 02/01/13 | 02/01/13 | 48.00 | 202.56 | |
| | | | | | CLAIM TOTAL | 1,620.48 | | CLAIM ACCOUNT REF. 2281380012011833SUP |

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NPI = 1154407492

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228142 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 20.00 | 84.40 | |
| 228142 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 20.00 | 84.40 | |
| 228142 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 20.00 | 84.40 | |
| 228142 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 20.00 | 84.40 | |
| 228142 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 422.00 | CLAIM ACCOUNT REF. 2281420012012343SUP |

| | | | | | |
|---------------|-----------------------|---------------|----|----------------------|-----------|
| PAYER TOTALS: | HEALTH INSURANCE PLAN | # OF CLAIMS = | 95 | TOTAL CLAIM AMOUNT = | 12,593.44 |
| | | # SERVICES = | 18 | | |

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NPI = 1154407492

PRIOR AUTHORIZATION #
123590054

CLAIM ACCOUNT REF. 2282270012010958SUP

PRIOR AUTHORIZATION #
130240009

CLAIM ACCOUNT REF. 2282280012012481SUP

| | | | | | |
|---------------|--------------|---------------|---|----------------------|--------|
| PAYER TOTALS: | VNSNY CHOICE | # OF CLAIMS = | 7 | TOTAL CLAIM AMOUNT = | 926.64 |
| | | # SERVICES = | 2 | | |

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2013357
DIAGNOSIS CODES: 314.01

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228091 | 1 | T1019 | | 01/19/13 | 01/19/13 | 12.00 | 50.64 | |
| 228091 | 2 | T1019 | | 01/20/13 | 01/20/13 | 12.00 | 50.64 | |
| 228091 | 3 | T1019 | | 01/21/13 | 01/21/13 | 12.00 | 50.64 | |
| 228091 | 4 | T1019 | | 01/22/13 | 01/22/13 | 12.00 | 50.64 | |
| 228091 | 5 | T1019 | | 01/23/13 | 01/23/13 | 12.00 | 50.64 | |
| 228091 | 6 | T1019 | | 01/24/13 | 01/24/13 | 12.00 | 50.64 | |
| 228091 | 7 | T1019 | | 01/25/13 | 01/25/13 | 12.00 | 50.64 | |
| 228091 | 8 | T1019 | | 01/26/13 | 01/26/13 | 12.00 | 50.64 | |
| 228091 | 9 | T1019 | | 01/27/13 | 01/27/13 | 12.00 | 50.64 | |
| 228091 | 10 | T1019 | | 01/28/13 | 01/28/13 | 12.00 | 50.64 | |
| 228091 | 11 | T1019 | | 01/29/13 | 01/29/13 | 12.00 | 50.64 | |
| 228091 | 12 | T1019 | | 01/30/13 | 01/30/13 | 12.00 | 50.64 | |
| 228091 | 13 | T1019 | | 01/31/13 | 01/31/13 | 12.00 | 50.64 | |
| 228091 | 14 | T1019 | | 02/01/13 | 02/01/13 | 12.00 | 50.64 | |
| CLAIM TOTAL | | | | | | | 708.96 | CLAIM ACCOUNT REF. 2280910012008246SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228092 | 1 | T1019 | | 01/21/13 | 01/21/13 | 12.00 | 50.64 | |
| 228092 | 2 | T1019 | | 01/22/13 | 01/22/13 | 12.00 | 50.64 | |
| 228092 | 3 | T1019 | | 01/23/13 | 01/23/13 | 12.00 | 50.64 | |
| 228092 | 4 | T1019 | | 01/24/13 | 01/24/13 | 12.00 | 50.64 | |
| 228092 | 5 | T1019 | | 01/28/13 | 01/28/13 | 12.00 | 50.64 | |
| 228092 | 6 | T1019 | | 01/29/13 | 01/29/13 | 12.00 | 50.64 | |
| 228092 | 7 | T1019 | | 01/30/13 | 01/30/13 | 12.00 | 50.64 | |
| 228092 | 8 | T1019 | | 01/31/13 | 01/31/13 | 12.00 | 50.64 | |
| CLAIM TOTAL | | | | | | | 405.12 | CLAIM ACCOUNT REF. 2280920012008248SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228087 | 1 | T1019 | | 01/26/13 | 01/26/13 | 44.00 | 185.68 |
| 228087 | 2 | T1019 | | 01/27/13 | 01/27/13 | 44.00 | 185.68 |
| 228087 | 3 | T1019 | | 01/28/13 | 01/28/13 | 44.00 | 185.68 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|----------|--------|--|
| 228087 | 4 | T1019 | | 01/29/13 | 01/29/13 | 44.00 | 185.68 | |
| 228087 | 5 | T1019 | | 01/30/13 | 01/30/13 | 44.00 | 185.68 | |
| 228087 | 6 | T1019 | | 01/31/13 | 01/31/13 | 44.00 | 185.68 | |
| 228087 | 7 | T1019 | | 02/01/13 | 02/01/13 | 44.00 | 185.68 | |
| | | | | | CLAIM TOTAL | 1,299.76 | | CLAIM ACCOUNT REF. 2280870012008249SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 228094 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 | |
| 228094 | 2 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 | |
| 228094 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 | |
| 228094 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 | |
| 228094 | 5 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 | |
| 228094 | 6 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | 810.24 | | CLAIM ACCOUNT REF. 2280940012008250SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 228071 | 1 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 | |
| 228071 | 2 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 | |
| 228071 | 3 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 | |
| 228071 | 4 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | 540.16 | | CLAIM ACCOUNT REF. 2280710012008251SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228088 | 1 | T1019 | | 01/20/13 | 01/20/13 | 48.00 | 202.56 | |
| 228088 | 2 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 202.56 | |
| 228088 | 3 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 202.56 | |
| 228088 | 4 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 202.56 | |
| 228088 | 5 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 202.56 | |
| 228088 | 6 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 202.56 | |
| 228088 | 7 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 202.56 | |
| 228088 | 8 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 202.56 | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------------|----------|---------------------|
| | | | | | | CLAIM TOTAL | 1,620.48 | 2280880012008253SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 228096 | 1 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 84.40 | |
| 228096 | 2 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 | |
| | | | | | | CLAIM TOTAL | 168.80 | 2280960012008254SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 228069 | 1 | T1019 | | 01/24/13 | 01/24/13 | 32.00 | 135.04 | |
| 228069 | 2 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 | |
| 228069 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 | |
| 228069 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 | |
| 228069 | 5 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 | |
| 228069 | 6 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 810.24 | 2280690012008256SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------------|--------|---------------------|
| 228077 | 1 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 101.28 | |
| 228077 | 2 | T1019 | | 01/27/13 | 01/27/13 | 24.00 | 101.28 | |
| 228077 | 3 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 | |
| 228077 | 4 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 | |
| 228077 | 5 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 | |
| 228077 | 6 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 | |
| 228077 | 7 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 | |
| | | | | | | CLAIM TOTAL | 708.96 | 2280770012008257SUP |

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INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2008290 2008290 SALHUANA, YOLANDA 08/25/1935 SZ24247J R2048371
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228095 | 1 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228095 | 2 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228095 | 3 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228095 | 4 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228095 | 5 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |

CLAIM ACCOUNT REF. 2280950012008290SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z R2016955
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 228078 | 1 | T1019 | | 01/19/13 | 01/19/13 | 28.00 | 118.16 |
| 228078 | 2 | T1019 | | 01/23/13 | 01/23/13 | 16.00 | 67.52 |
| 228078 | 3 | T1019 | | 01/24/13 | 01/24/13 | 16.00 | 67.52 |
| 228078 | 4 | T1019 | | 01/25/13 | 01/25/13 | 16.00 | 67.52 |
| 228078 | 5 | T1019 | | 01/26/13 | 01/26/13 | 28.00 | 118.16 |
| 228078 | 6 | T1019 | | 01/27/13 | 01/27/13 | 28.00 | 118.16 |
| 228078 | 7 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 118.16 |
| 228078 | 8 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 118.16 |
| 228078 | 9 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 118.16 |
| 228078 | 10 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 118.16 |
| 228078 | 11 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 1,147.84 |

CLAIM ACCOUNT REF. 2280780012008362SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008368 2008368 RODRIGUEZ, MARGARET 06/25/1950 ZP21043J R1955871
DIAGNOSIS CODES: 295.90 250.00 272.4 311. 401.9 414.3 733.00 780.52

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228093 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228093 | 2 | T1019 | | 01/29/13 | 01/29/13 | 16.00 | 67.52 |
| 228093 | 3 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| 228093 | 4 | T1019 | | 01/31/13 | 01/31/13 | 16.00 | 67.52 |
| 228093 | 5 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |

CLAIM ACCOUNT REF. 2280930012008368SUP

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2014482
DIAGNOSIS CODES: 401.9 443.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228079 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 |
| 228079 | 2 | T1019 | | 01/27/13 | 01/27/13 | 32.00 | 135.04 |
| 228079 | 3 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228079 | 4 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228079 | 5 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228079 | 6 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228079 | 7 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2280790012008411SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008428 2008428 KAUR, HARBANS 02/03/1937 VB22061J R2021143
DIAGNOSIS CODES: 401.9 272.4 332.1 453.42

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228083 | 1 | T1019 | | 01/26/13 | 01/26/13 | 28.00 | 118.16 |
| 228083 | 2 | T1019 | | 01/27/13 | 01/27/13 | 28.00 | 118.16 |
| 228083 | 3 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 84.40 |
| 228083 | 4 | T1019 | | 01/29/13 | 01/29/13 | 28.00 | 118.16 |
| 228083 | 5 | T1019 | | 01/30/13 | 01/30/13 | 28.00 | 118.16 |
| 228083 | 6 | T1019 | | 01/31/13 | 01/31/13 | 28.00 | 118.16 |
| 228083 | 7 | T1019 | | 02/01/13 | 02/01/13 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 793.36 |
| CLAIM ACCOUNT REF. | | | | | | | 2280830012008428SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228065 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 |
| 228065 | 2 | T1019 | | 01/27/13 | 01/27/13 | 32.00 | 135.04 |
| 228065 | 3 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228065 | 4 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228065 | 5 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228065 | 6 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228065 | 7 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |
| CLAIM ACCOUNT REF. | | | | | | | 2280650012008433SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z 0101171302771
DIAGNOSIS CODES: 250.00 244.8 311. 401.9 428.0 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228064 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228064 | 2 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 84.40 |
| 228064 | 3 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 84.40 |
| 228064 | 4 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 320.72 |
| CLAIM ACCOUNT REF. | | | | | | | 2280640012008487SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2096046
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228098 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 |
| 228098 | 2 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228098 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228098 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228098 | 5 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228098 | 6 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 810.24 |
| CLAIM ACCOUNT REF. | | | | | | | 2280980012008558SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P R2016893
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 228076 | 1 | T1019 | | 01/26/13 | 01/26/13 | 16.00 | 67.52 |
| 228076 | 2 | T1019 | | 01/27/13 | 01/27/13 | 16.00 | 67.52 |
| 228076 | 3 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 |
| 228076 | 4 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 |
| 228076 | 5 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 |
| 228076 | 6 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 |
| 228076 | 7 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 641.44 |
| CLAIM ACCOUNT REF. | | | | | | | 2280760012008571SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G R2016936
DIAGNOSIS CODES: 250.00 311. 401.9 414.00 414.01 466.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228072 | 1 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 84.40 |

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228072 | 2 | T1019 | | 01/28/13 | 01/28/13 | 20.00 | 84.40 |
| 228072 | 3 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 84.40 |
| 228072 | 4 | T1019 | | 01/30/13 | 01/30/13 | 20.00 | 84.40 |
| 228072 | 5 | T1019 | | 01/31/13 | 01/31/13 | 20.00 | 84.40 |
| 228072 | 6 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 506.40 |

CLAIM ACCOUNT REF. 2280720012009256SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228070 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 |
| 228070 | 2 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228070 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228070 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228070 | 5 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228070 | 6 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 810.24 |

CLAIM ACCOUNT REF. 2280700012009270SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228081 | 1 | T1019 | | 01/16/13 | 01/16/13 | 16.00 | 67.52 |
| 228081 | 2 | T1019 | | 01/18/13 | 01/18/13 | 16.00 | 67.52 |
| 228081 | 3 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| 228081 | 4 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 270.08 |

CLAIM ACCOUNT REF. 2280810012009322SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228073 | 1 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 |
| 228073 | 2 | T1019 | | 01/29/13 | 01/29/13 | 24.00 | 101.28 |
| 228073 | 3 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 |
| 228073 | 4 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 |
| 228073 | 5 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 506.40 |

CLAIM ACCOUNT REF. 2280730012009405SUP

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228080 | 1 | T1019 | | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228080 | 2 | T1019 | | 01/30/13 | 01/30/13 | 16.00 | 67.52 |
| 228080 | 3 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |

CLAIM ACCOUNT REF. 2280800012009425SUP

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228067 | 1 | T1019 | | 01/26/13 | 01/26/13 | 24.00 | 101.28 |
| 228067 | 2 | T1019 | | 01/27/13 | 01/27/13 | 24.00 | 101.28 |
| 228067 | 3 | T1019 | | 01/28/13 | 01/28/13 | 24.00 | 101.28 |
| 228067 | 4 | T1019 | | 01/29/13 | 01/29/13 | 20.00 | 84.40 |
| 228067 | 5 | T1019 | | 01/30/13 | 01/30/13 | 24.00 | 101.28 |
| 228067 | 6 | T1019 | | 01/31/13 | 01/31/13 | 24.00 | 101.28 |
| 228067 | 7 | T1019 | | 02/01/13 | 02/01/13 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 692.08 |

CLAIM ACCOUNT REF. 2280670012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R1843447
DIAGNOSIS CODES: 340. 250.00 272.2 311.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 228100 | 1 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 135.04 |
| 228100 | 2 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228100 | 3 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228100 | 4 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228100 | 5 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |

CLAIM ACCOUNT REF. 2281000012010009SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R2083859
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228086 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 202.56 |
| 228086 | 2 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 202.56 |
| 228086 | 3 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 202.56 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|---|
| 228086 | 4 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 202.56 | |
| 228086 | 5 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 202.56 | |
| 228086 | 6 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 202.56 | |
| 228086 | 7 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 202.56 | |
| | | | | | CLAIM TOTAL | | 1,417.92 | CLAIM ACCOUNT REF. 2280860012010311SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 228099 | 1 | T1019 | | 01/26/13 | 01/26/13 | 20.00 | 84.40 | |
| 228099 | 2 | T1019 | | 01/27/13 | 01/27/13 | 20.00 | 84.40 | |
| 228099 | 3 | T1019 | | 02/01/13 | 02/01/13 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 253.20 | CLAIM ACCOUNT REF. 2280990012010758SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|--------------|------------|--------------|-----------------------|
| NY | 001 | 2008813 | 2010967 | LARA, TOMASA | 10/11/1931 | SX47950B | R1921929 |
| DIAGNOSIS | CODES: | 401.9 | 244.9 | 272.4 | 715.80 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 228084 | 1 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 135.04 | |
| 228084 | 2 | T1019 | | 01/28/13 | 01/28/13 | 28.00 | 118.16 | |
| 228084 | 3 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 | |
| 228084 | 4 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 | |
| 228084 | 5 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 658.32 | CLAIM ACCOUNT REF. 2280840012010967SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 228085 | 1 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 135.04 | CLAIM ACCOUNT REF. 2280850012010967SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|---------------|------------|--------------|-----------------------|
| NY | 001 | 2011058 | 2011058 | DELACRUZ, ANA | 06/20/1920 | 122053627 | 0107241201931 |
| DIAGNOSIS | CODES: | 294.20 | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228074 | 1 | T1019 | | 01/26/13 | 01/26/13 | 40.00 | 168.80 | |
| 228074 | 2 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 168.80 | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 228074 | 3 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 | |
| 228074 | 4 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 | |
| 228074 | 5 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 168.80 | |
| 228074 | 6 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 1,012.80 | CLAIM ACCOUNT REF. 2280740012011058SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|---------------|------------|--------------|-----------------------|
| NY 001 | 2011058 | 2011058 | DELACRUZ, ANA | 06/20/1920 | 122053627 | R2140123 |
| DIAGNOSIS | CODES: | 294.20 | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228075 | 1 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 168.80 | CLAIM ACCOUNT REF. 2280750012011058SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 228089 | 1 | T1020 | | 01/26/13 | 01/26/13 | 12.00 | 202.56 | |
| 228089 | 2 | T1020 | | 01/27/13 | 01/27/13 | 12.00 | 202.56 | |
| 228089 | 3 | T1020 | | 01/28/13 | 01/28/13 | 12.00 | 202.56 | |
| 228089 | 4 | T1020 | | 01/29/13 | 01/29/13 | 12.00 | 202.56 | |
| 228089 | 5 | T1020 | | 01/30/13 | 01/30/13 | 12.00 | 202.56 | |
| 228089 | 6 | T1020 | | 01/31/13 | 01/31/13 | 12.00 | 202.56 | |
| 228089 | 7 | T1020 | | 02/01/13 | 02/01/13 | 12.00 | 202.56 | |
| | | | | | CLAIM TOTAL | | 1,417.92 | CLAIM ACCOUNT REF. 2280890012011388SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|-------------------------------------|-----------------|--------------------------|--------------|-----------------------|
| NY 001 | 2008378 | 2011528 | BOWERS *, DIANE | 10/01/1946 | 129232187 | 0109201201746 |
| DIAGNOSIS | CODES: | 250.11 300.02 410.90 413.0 | | 428.0 440.9 493.00 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228068 | 1 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 | |
| 228068 | 2 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 | |
| 228068 | 3 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 168.80 | |
| 228068 | 4 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 | |
| 228068 | 5 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | | 844.00 | CLAIM ACCOUNT REF. 2280680012011528SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C R2050170
DIAGNOSIS CODES: 952.9 344.9 596.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|---|
| 228097 | 1 | T1019 | | 01/09/13 | 01/09/13 | 40.00 | 168.80 |
| 228097 | 2 | T1019 | | 01/19/13 | 01/19/13 | 40.00 | 168.80 |
| 228097 | 3 | T1019 | | 01/26/13 | 01/26/13 | 36.00 | 151.92 |
| 228097 | 4 | T1019 | | 01/27/13 | 01/27/13 | 36.00 | 151.92 |
| 228097 | 5 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 |
| 228097 | 6 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 |
| 228097 | 7 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 168.80 |
| 228097 | 8 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 |
| 228097 | 9 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,485.44 | CLAIM ACCOUNT REF. 2280970012011820SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|---|
| 228090 | 1 | T1019 | | 01/26/13 | 01/26/13 | 40.00 | 168.80 |
| 228090 | 2 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 168.80 |
| 228090 | 3 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 168.80 |
| 228090 | 4 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 168.80 |
| 228090 | 5 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 168.80 |
| 228090 | 6 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 168.80 |
| 228090 | 7 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,181.60 | CLAIM ACCOUNT REF. 2280900012012284SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|---|
| 228082 | 1 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 135.04 |
| 228082 | 2 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 135.04 |
| 228082 | 3 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 135.04 |
| 228082 | 4 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 540.16 | CLAIM ACCOUNT REF. 2280820012012478SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | 2012477 | 2012489 | BLANCO, CARMELINA | 08/19/1940 | 112990683 | |
| DIAGNOSIS CODES: 799.89 | | | | | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 228066 | 1 | T1019 | | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 67.52 | CLAIM ACCOUNT REF. 2280660012012489SUP |

| | | | | | |
|---------------|------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | HEALTHFIRST PHSP | # OF CLAIMS = | 213 | TOTAL CLAIM AMOUNT = | 26,535.36 |
| | | # SERVICES = | 35 | | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008245 2008245 CALDERON, MIGDALIA 08/02/1961 100195559 609107821
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228127 | 1 | T1019 | | 01/26/13 | 01/26/13 | 40.00 | 171.60 |
| 228127 | 2 | T1019 | | 01/27/13 | 01/27/13 | 40.00 | 171.60 |
| 228127 | 3 | T1019 | | 01/28/13 | 01/28/13 | 40.00 | 171.60 |
| 228127 | 4 | T1019 | | 01/29/13 | 01/29/13 | 40.00 | 171.60 |
| 228127 | 5 | T1019 | | 01/30/13 | 01/30/13 | 40.00 | 171.60 |
| 228127 | 6 | T1019 | | 01/31/13 | 01/31/13 | 40.00 | 171.60 |
| 228127 | 7 | T1019 | | 02/01/13 | 02/01/13 | 40.00 | 171.60 |
| CLAIM TOTAL | | | | | | 1,201.20 | CLAIM ACCOUNT REF. 2281270012008245SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 609358474
DIAGNOSIS CODES: 250.00 272.4 311. 356.9 365.9 401.9 530.81

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228129 | 1 | T1019 | | 01/26/13 | 01/26/13 | 16.00 | 68.64 |
| 228129 | 2 | T1019 | | 01/27/13 | 01/27/13 | 16.00 | 68.64 |
| 228129 | 3 | T1019 | | 01/28/13 | 01/28/13 | 36.00 | 154.44 |
| 228129 | 4 | T1019 | | 01/29/13 | 01/29/13 | 36.00 | 154.44 |
| 228129 | 5 | T1019 | | 01/30/13 | 01/30/13 | 36.00 | 154.44 |
| 228129 | 6 | T1019 | | 01/31/13 | 01/31/13 | 36.00 | 154.44 |
| 228129 | 7 | T1019 | | 02/01/13 | 02/01/13 | 36.00 | 154.44 |
| CLAIM TOTAL | | | | | | 909.48 | CLAIM ACCOUNT REF. 2281290012008287SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228130 | 1 | T1019 | | 11/18/12 | 11/18/12 | 32.00 | 137.28 |
| 228130 | 2 | T1019 | | 01/26/13 | 01/26/13 | 32.00 | 137.28 |
| 228130 | 3 | T1019 | | 01/27/13 | 01/27/13 | 32.00 | 137.28 |
| 228130 | 4 | T1019 | | 01/28/13 | 01/28/13 | 32.00 | 137.28 |
| 228130 | 5 | T1019 | | 01/29/13 | 01/29/13 | 32.00 | 137.28 |
| 228130 | 6 | T1019 | | 01/30/13 | 01/30/13 | 32.00 | 137.28 |
| 228130 | 7 | T1019 | | 01/31/13 | 01/31/13 | 32.00 | 137.28 |
| 228130 | 8 | T1019 | | 02/01/13 | 02/01/13 | 32.00 | 137.28 |
| CLAIM TOTAL | | | | | | 1,098.24 | CLAIM ACCOUNT REF. 2281300012008401SUP |

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NPI = 1154407492

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--------------------|---------------------|
| 228128 | 1 | T1019 | | 01/26/13 | 01/26/13 | 48.00 | 205.92 | | |
| 228128 | 2 | T1019 | | 01/27/13 | 01/27/13 | 48.00 | 205.92 | | |
| 228128 | 3 | T1019 | | 01/28/13 | 01/28/13 | 48.00 | 205.92 | | |
| 228128 | 4 | T1019 | | 01/29/13 | 01/29/13 | 48.00 | 205.92 | | |
| 228128 | 5 | T1019 | | 01/30/13 | 01/30/13 | 48.00 | 205.92 | | |
| 228128 | 6 | T1019 | | 01/31/13 | 01/31/13 | 48.00 | 205.92 | | |
| 228128 | 7 | T1019 | | 02/01/13 | 02/01/13 | 48.00 | 205.92 | | |
| | | | | | CLAIM TOTAL | | 1,441.44 | CLAIM ACCOUNT REF. | 2281280012011881SUP |

| | | | | | |
|---------------|------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | UNITEDHEALTHCARE | # OF CLAIMS = | 29 | TOTAL CLAIM AMOUNT = | 4,650.36 |
| | | # SERVICES = | 4 | | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008266 2008266 GUERRA, LORRAINE 03/22/1948 712731594 102602255
DIAGNOSIS CODES: 431. 784.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 228210 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 40.00 | 168.80 |
| 228210 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 40.00 | 168.80 |
| 228210 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 40.00 | 168.80 |
| 228210 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 40.00 | 168.80 |
| 228210 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 40.00 | 168.80 |
| 228210 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 40.00 | 168.80 |
| 228210 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,181.60 | CLAIM ACCOUNT REF. 2282100012008266SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228212 | 1 | S5130 | 0582 | 01/28/13 | 01/28/13 | 16.00 | 67.52 |
| 228212 | 2 | S5130 | 0582 | 02/01/13 | 02/01/13 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 135.04 | CLAIM ACCOUNT REF. 2282120012009279SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 228214 | 1 | T1019 | 0580 | 01/19/13 | 01/19/13 | 16.00 | 67.52 |
| 228214 | 2 | T1019 | 0580 | 01/20/13 | 01/20/13 | 16.00 | 67.52 |
| 228214 | 3 | T1019 | 0580 | 01/21/13 | 01/21/13 | 8.00 | 33.76 |
| 228214 | 4 | T1019 | 0580 | 01/22/13 | 01/22/13 | 8.00 | 33.76 |
| 228214 | 5 | T1019 | 0580 | 01/23/13 | 01/23/13 | 8.00 | 33.76 |
| 228214 | 6 | T1019 | 0580 | 01/24/13 | 01/24/13 | 8.00 | 33.76 |
| 228214 | 7 | T1019 | 0580 | 01/25/13 | 01/25/13 | 8.00 | 33.76 |
| 228214 | 8 | T1019 | 0580 | 01/26/13 | 01/26/13 | 16.00 | 67.52 |
| 228214 | 9 | T1019 | 0580 | 01/27/13 | 01/27/13 | 16.00 | 67.52 |
| 228214 | 10 | T1019 | 0580 | 01/28/13 | 01/28/13 | 8.00 | 33.76 |
| 228214 | 11 | T1019 | 0580 | 01/29/13 | 01/29/13 | 8.00 | 33.76 |
| 228214 | 12 | T1019 | 0580 | 01/30/13 | 01/30/13 | 8.00 | 33.76 |
| 228214 | 13 | T1019 | 0580 | 01/31/13 | 01/31/13 | 8.00 | 33.76 |
| 228214 | 14 | T1019 | 0580 | 02/01/13 | 02/01/13 | 8.00 | 33.76 |
| CLAIM TOTAL | | | | | | 607.68 | CLAIM ACCOUNT REF. 2282140012010728SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

PAGE: 50

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 2008407 2010729 WALTERS, BYRON 05/18/2000 006600539 103177687
DIAGNOSIS CODES: 319. 493.90 742.1

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228213 | 1 | T1019 | 0580 | 01/19/13 | 01/19/13 | 20.00 | 84.40 | |
| 228213 | 2 | T1019 | 0580 | 01/20/13 | 01/20/13 | 20.00 | 84.40 | |
| 228213 | 3 | T1019 | 0580 | 01/21/13 | 01/21/13 | 12.00 | 50.64 | |
| 228213 | 4 | T1019 | 0580 | 01/22/13 | 01/22/13 | 12.00 | 50.64 | |
| 228213 | 5 | T1019 | 0580 | 01/23/13 | 01/23/13 | 12.00 | 50.64 | |
| 228213 | 6 | T1019 | 0580 | 01/24/13 | 01/24/13 | 12.00 | 50.64 | |
| 228213 | 7 | T1019 | 0580 | 01/25/13 | 01/25/13 | 12.00 | 50.64 | |
| 228213 | 8 | T1019 | 0580 | 01/26/13 | 01/26/13 | 20.00 | 84.40 | |
| 228213 | 9 | T1019 | 0580 | 01/27/13 | 01/27/13 | 20.00 | 84.40 | |
| 228213 | 10 | T1019 | 0580 | 01/28/13 | 01/28/13 | 12.00 | 50.64 | |
| 228213 | 11 | T1019 | 0580 | 01/29/13 | 01/29/13 | 12.00 | 50.64 | |
| 228213 | 12 | T1019 | 0580 | 01/30/13 | 01/30/13 | 12.00 | 50.64 | |
| 228213 | 13 | T1019 | 0580 | 01/31/13 | 01/31/13 | 12.00 | 50.64 | |
| 228213 | 14 | T1019 | 0580 | 02/01/13 | 02/01/13 | 12.00 | 50.64 | |
| CLAIM TOTAL | | | | | | | 844.00 | CLAIM ACCOUNT REF. 2282130012010729SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228211 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 67.52 | |
| 228211 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| 228211 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 | |
| 228211 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 67.52 | |
| 228211 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| CLAIM TOTAL | | | | | | | 337.60 | CLAIM ACCOUNT REF. 2282110012010731SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2011322 2011322 FRASIEUR, GARY 04/14/1948 006585499 103155061
DIAGNOSIS CODES: 416.9 401.9 492.8 493.92 602.8

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228209 | 1 | T1019 | 0580 | 01/21/13 | 01/21/13 | 12.00 | 50.64 | |
| 228209 | 2 | T1019 | 0580 | 01/23/13 | 01/23/13 | 12.00 | 50.64 | |
| 228209 | 3 | T1019 | 0580 | 01/25/13 | 01/25/13 | 16.00 | 67.52 | |
| 228209 | 4 | T1019 | 0580 | 01/28/13 | 01/28/13 | 12.00 | 50.64 | |
| 228209 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 12.00 | 50.64 | |
| 228209 | 6 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 | CLAIM TOTAL | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------|--------|-------------|---------------------|
| | | | | | | | 337.60 | | 2282090012011322SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM TOTAL | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|-------------|---------------------|
| 228216 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 24.00 | 90.00 | | |
| 228216 | 2 | T1019 | 0580 | 01/28/13 | 01/28/13 | 24.00 | 90.00 | | |
| 228216 | 3 | T1019 | 0580 | 01/29/13 | 01/29/13 | 24.00 | 90.00 | | |
| 228216 | 4 | T1019 | 0580 | 01/30/13 | 01/30/13 | 24.00 | 90.00 | | |
| 228216 | 5 | T1019 | 0580 | 01/31/13 | 01/31/13 | 24.00 | 90.00 | | |
| 228216 | 6 | T1019 | 0580 | 02/01/13 | 02/01/13 | 24.00 | 90.00 | | |
| | | | | | | | 540.00 | | 2282160012012357SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM TOTAL | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|-------------|---------------------|
| 228215 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 60.00 | | |
| 228215 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 60.00 | | |
| 228215 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 60.00 | | |
| 228215 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 60.00 | | |
| 228215 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 60.00 | | |
| | | | | | | | 300.00 | | 2282150012012373SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | CLAIM TOTAL | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|-------------|---------------------|
| 228217 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 32.00 | 120.00 | | |
| 228217 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 35.00 | 131.25 | | |
| 228217 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 32.00 | 120.00 | | |
| 228217 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 36.00 | 135.00 | | |
| 228217 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 32.00 | 120.00 | | |
| | | | | | | | 626.25 | | 2282170012012374SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

| | | | | | |
|---------------|-------------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | AMERIGROUP NEW YORK,LLC | # OF CLAIMS = | 64 | TOTAL CLAIM AMOUNT = | 4,909.77 |
| | | # SERVICES = | 9 | | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

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

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 228226 | 1 | T1019 | 1C | 0570 | 01/28/13 | 01/28/13 | 4.00 | 63.60 |
| 228226 | 2 | T1019 | 1C | 0570 | 01/29/13 | 01/29/13 | 4.00 | 63.60 |
| 228226 | 3 | T1019 | 1C | 0570 | 01/30/13 | 01/30/13 | 4.00 | 63.60 |
| 228226 | 4 | T1019 | 1C | 0570 | 01/31/13 | 01/31/13 | 4.00 | 63.60 |
| 228226 | 5 | T1019 | 1C | 0570 | 02/01/13 | 02/01/13 | 4.00 | 63.60 |
| CLAIM TOTAL | | | | | | | | 318.00 |
| | | | | | | | | CLAIM ACCOUNT REF. 2282260012011453SUP |

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

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 228225 | 1 | T1019 | 1C | 0570 | 01/28/13 | 01/28/13 | 4.00 | 63.60 |
| 228225 | 2 | T1019 | 1C | 0570 | 01/29/13 | 01/29/13 | 4.00 | 63.60 |
| 228225 | 3 | T1019 | 1C | 0570 | 01/30/13 | 01/30/13 | 4.00 | 63.60 |
| 228225 | 4 | T1019 | 1C | 0570 | 01/31/13 | 01/31/13 | 4.00 | 63.60 |
| 228225 | 5 | T1019 | 1C | 0570 | 02/01/13 | 02/01/13 | 4.00 | 63.60 |
| CLAIM TOTAL | | | | | | | | 318.00 |
| | | | | | | | | CLAIM ACCOUNT REF. 2282250012011869SUP |

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

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|-----------|------|------------|----------|----------|-------|--|
| 228221 | 1 | T1019 | 1C | 0570 | 01/28/13 | 01/28/13 | 6.00 | 95.40 |
| 228221 | 2 | T1019 | 1C | 0570 | 01/29/13 | 01/29/13 | 6.00 | 95.40 |
| 228221 | 3 | T1019 | 1C | 0570 | 01/31/13 | 01/31/13 | 6.00 | 95.40 |
| 228221 | 4 | T1019 | 1C | 0570 | 02/01/13 | 02/01/13 | 6.00 | 95.40 |
| CLAIM TOTAL | | | | | | | | 381.60 |
| | | | | | | | | CLAIM ACCOUNT REF. 2282210012011870SUP |

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

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|-----------|------|------------|----------|----------|-------|--------|
| 228223 | 1 | T1019 | 1C | 0570 | 12/01/12 | 12/01/12 | 4.00 | 63.60 |
| 228223 | 2 | T1019 | 1C | 0570 | 12/02/12 | 12/02/12 | 4.00 | 63.60 |
| 228223 | 3 | T1019 | 1C | 0570 | 12/03/12 | 12/03/12 | 4.00 | 63.60 |
| 228223 | 4 | T1019 | 1C | 0570 | 12/04/12 | 12/04/12 | 4.00 | 63.60 |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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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 |
|-------------|--------|-----------|------|------------|----------|----------|----------|---|
| 228223 | 5 | T1019 | 1C | 0570 | 12/05/12 | 12/05/12 | 4.00 | 63.60 |
| 228223 | 6 | T1019 | 1C | 0570 | 12/06/12 | 12/06/12 | 4.00 | 63.60 |
| 228223 | 7 | T1019 | 1C | 0570 | 12/07/12 | 12/07/12 | 4.00 | 63.60 |
| 228223 | 8 | T1019 | 1C | 0570 | 12/08/12 | 12/08/12 | 4.00 | 63.60 |
| 228223 | 9 | T1019 | 1C | 0570 | 12/09/12 | 12/09/12 | 4.00 | 63.60 |
| 228223 | 10 | T1019 | 1C | 0570 | 12/10/12 | 12/10/12 | 4.00 | 63.60 |
| 228223 | 11 | T1019 | 1C | 0570 | 12/11/12 | 12/11/12 | 4.00 | 63.60 |
| 228223 | 12 | T1019 | 1C | 0570 | 12/12/12 | 12/12/12 | 4.00 | 63.60 |
| 228223 | 13 | T1019 | 1C | 0570 | 12/13/12 | 12/13/12 | 4.00 | 63.60 |
| 228223 | 14 | T1019 | 1C | 0570 | 12/14/12 | 12/14/12 | 4.00 | 63.60 |
| 228223 | 15 | T1019 | 1C | 0570 | 12/15/12 | 12/15/12 | 4.00 | 63.60 |
| 228223 | 16 | T1019 | 1C | 0570 | 12/16/12 | 12/16/12 | 4.00 | 63.60 |
| 228223 | 17 | T1019 | 1C | 0570 | 12/17/12 | 12/17/12 | 4.00 | 63.60 |
| 228223 | 18 | T1019 | 1C | 0570 | 12/18/12 | 12/18/12 | 4.00 | 63.60 |
| 228223 | 19 | T1019 | 1C | 0570 | 12/19/12 | 12/19/12 | 4.00 | 63.60 |
| 228223 | 20 | T1019 | 1C | 0570 | 12/20/12 | 12/20/12 | 4.00 | 63.60 |
| 228223 | 21 | T1019 | 1C | 0570 | 12/21/12 | 12/21/12 | 4.00 | 63.60 |
| 228223 | 22 | T1019 | 1C | 0570 | 12/23/12 | 12/23/12 | 4.00 | 63.60 |
| 228223 | 23 | T1019 | 1C | 0570 | 12/24/12 | 12/24/12 | 4.00 | 63.60 |
| 228223 | 24 | T1019 | 1C | 0570 | 12/25/12 | 12/25/12 | 4.00 | 63.60 |
| 228223 | 25 | T1019 | 1C | 0570 | 12/26/12 | 12/26/12 | 4.00 | 63.60 |
| 228223 | 26 | T1019 | 1C | 0570 | 12/27/12 | 12/27/12 | 4.00 | 63.60 |
| 228223 | 27 | T1019 | 1C | 0570 | 12/28/12 | 12/28/12 | 4.00 | 63.60 |
| 228223 | 28 | T1019 | 1C | 0570 | 12/29/12 | 12/29/12 | 3.75 | 59.63 |
| 228223 | 29 | T1019 | 1C | 0570 | 12/30/12 | 12/30/12 | 4.00 | 63.60 |
| 228223 | 30 | T1019 | 1C | 0570 | 12/31/12 | 12/31/12 | 4.00 | 63.60 |
| 228223 | 31 | T1019 | 1C | 0570 | 01/01/13 | 01/01/13 | 4.00 | 63.60 |
| 228223 | 32 | T1019 | 1C | 0570 | 01/02/13 | 01/02/13 | 4.00 | 63.60 |
| 228223 | 33 | T1019 | 1C | 0570 | 01/03/13 | 01/03/13 | 4.00 | 63.60 |
| 228223 | 34 | T1019 | 1C | 0570 | 01/04/13 | 01/04/13 | 4.00 | 63.60 |
| 228223 | 35 | T1019 | 1C | 0570 | 01/05/13 | 01/05/13 | 4.00 | 63.60 |
| 228223 | 36 | T1019 | 1C | 0570 | 01/06/13 | 01/06/13 | 4.00 | 63.60 |
| 228223 | 37 | T1019 | 1C | 0570 | 01/07/13 | 01/07/13 | 4.00 | 63.60 |
| 228223 | 38 | T1019 | 1C | 0570 | 01/08/13 | 01/08/13 | 4.00 | 63.60 |
| 228223 | 39 | T1019 | 1C | 0570 | 01/09/13 | 01/09/13 | 4.00 | 63.60 |
| 228223 | 40 | T1019 | 1C | 0570 | 01/10/13 | 01/10/13 | 4.00 | 63.60 |
| 228223 | 41 | T1019 | 1C | 0570 | 01/11/13 | 01/11/13 | 4.00 | 63.60 |
| 228223 | 42 | T1019 | 1C | 0570 | 01/12/13 | 01/12/13 | 3.75 | 59.63 |
| CLAIM TOTAL | | | | | | | 2,663.26 | CLAIM ACCOUNT REF. 2282230012012213SUP |

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

| INV # | LINE # | PROCEDURE | CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|-----------|------|------------|----------|----------|-------|--------|
| 228224 | 1 | T1019 | 1C | 0570 | 01/13/13 | 01/13/13 | 4.00 | 63.60 |
| 228224 | 2 | T1019 | 1C | 0570 | 01/14/13 | 01/14/13 | 4.00 | 63.60 |
| 228224 | 3 | T1019 | 1C | 0570 | 01/15/13 | 01/15/13 | 4.00 | 63.60 |
| 228224 | 4 | T1019 | 1C | 0570 | 01/16/13 | 01/16/13 | 4.00 | 63.60 |
| 228224 | 5 | T1019 | 1C | 0570 | 01/17/13 | 01/17/13 | 4.00 | 63.60 |
| 228224 | 6 | T1019 | 1C | 0570 | 01/18/13 | 01/18/13 | 4.00 | 63.60 |
| 228224 | 7 | T1019 | 1C | 0570 | 01/19/13 | 01/19/13 | 4.00 | 63.60 |
| 228224 | 8 | T1019 | 1C | 0570 | 01/20/13 | 01/20/13 | 4.00 | 63.60 |
| 228224 | 9 | T1019 | 1C | 0570 | 01/21/13 | 01/21/13 | 4.00 | 63.60 |
| 228224 | 10 | T1019 | 1C | 0570 | 01/22/13 | 01/22/13 | 4.00 | 63.60 |
| 228224 | 11 | T1019 | 1C | 0570 | 01/23/13 | 01/23/13 | 4.00 | 63.60 |
| 228224 | 12 | T1019 | 1C | 0570 | 01/24/13 | 01/24/13 | 4.00 | 63.60 |
| 228224 | 13 | T1019 | 1C | 0570 | 01/25/13 | 01/25/13 | 4.00 | 63.60 |
| 228224 | 14 | T1019 | 1C | 0570 | 01/26/13 | 01/26/13 | 4.00 | 63.60 |
| 228224 | 15 | T1019 | 1C | 0570 | 01/27/13 | 01/27/13 | 4.00 | 63.60 |
| 228224 | 16 | T1019 | 1C | 0570 | 01/28/13 | 01/28/13 | 4.00 | 63.60 |
| 228224 | 17 | T1019 | 1C | 0570 | 01/29/13 | 01/29/13 | 4.00 | 63.60 |
| 228224 | 18 | T1019 | 1C | 0570 | 01/30/13 | 01/30/13 | 4.00 | 63.60 |
| 228224 | 19 | T1019 | 1C | 0570 | 01/31/13 | 01/31/13 | 4.00 | 63.60 |
| 228224 | 20 | T1019 | 1C | 0570 | 02/01/13 | 02/01/13 | 4.00 | 63.60 |

| | | | |
|-------------|----------|--------------------|---------------------|
| CLAIM TOTAL | 1,272.00 | CLAIM ACCOUNT REF. | 2282240012012213SUP |
|-------------|----------|--------------------|---------------------|

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 228222 | 1 | T1019 1C | 0570 | 02/01/13 | 02/01/13 | 12.00 | 190.80 |

| | | | |
|-------------|--------|--------------------|---------------------|
| CLAIM TOTAL | 190.80 | CLAIM ACCOUNT REF. | 2282220012012513SUP |
|-------------|--------|--------------------|---------------------|

| | | | | | |
|---------------|-----|---------------|----|----------------------|----------|
| PAYER TOTALS: | ICS | # OF CLAIMS = | 77 | TOTAL CLAIM AMOUNT = | 5,143.66 |
| | | # SERVICES = | 5 | | |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008382 2010800 GOMES, AGUSTINA 05/05/1933 JRX53860E01 2013011515500003
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 228218 | 1 | T1019 | 0580 | 01/26/13 | 01/26/13 | 36.00 | 151.92 | |
| 228218 | 2 | T1019 | 0580 | 01/27/13 | 01/27/13 | 36.00 | 151.92 | |
| 228218 | 3 | T1019 | 0580 | 01/28/13 | 01/28/13 | 36.00 | 151.92 | |
| 228218 | 4 | T1019 | 0580 | 01/29/13 | 01/29/13 | 36.00 | 151.92 | |
| 228218 | 5 | T1019 | 0580 | 01/30/13 | 01/30/13 | 36.00 | 151.92 | |
| 228218 | 6 | T1019 | 0580 | 01/31/13 | 01/31/13 | 36.00 | 151.92 | |
| 228218 | 7 | T1019 | 0580 | 02/01/13 | 02/01/13 | 36.00 | 151.92 | |
| CLAIM TOTAL | | | | | | | 1,063.44 | CLAIM ACCOUNT REF. 2282180012010800SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013011515500002
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228220 | 1 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| 228220 | 2 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 | |
| 228220 | 3 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| CLAIM TOTAL | | | | | | | 202.56 | CLAIM ACCOUNT REF. 2282200012010804SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2013011515500004
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 228219 | 1 | T1019 | 0580 | 01/28/13 | 01/28/13 | 16.00 | 67.52 | |
| 228219 | 2 | T1019 | 0580 | 01/29/13 | 01/29/13 | 16.00 | 67.52 | |
| 228219 | 3 | T1019 | 0580 | 01/30/13 | 01/30/13 | 16.00 | 67.52 | |
| 228219 | 4 | T1019 | 0580 | 01/31/13 | 01/31/13 | 16.00 | 67.52 | |
| 228219 | 5 | T1019 | 0580 | 02/01/13 | 02/01/13 | 16.00 | 67.52 | |
| CLAIM TOTAL | | | | | | | 337.60 | CLAIM ACCOUNT REF. 2282190012010805SUP |

REPORT DATE 02/06/13 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013020609130269RRSUP

PAGE: 57

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

| | | | | | |
|---------------|---------------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | HEALTHCARE PARTNERS IPA I | # OF CLAIMS = | 15 | TOTAL CLAIM AMOUNT = | 1,603.60 |
| | | # SERVICES = | 3 | | |

| | | | | | |
|------------------|--------------------|---------------|-----|----------------------|------------|
| PROVIDER TOTALS: | SUNNYSIDE CITYWIDE | # OF CLAIMS = | 943 | TOTAL CLAIM AMOUNT = | 110,280.01 |
| | | # SERVICES = | 157 | | |