

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213209 | 1 | T1020 | | 10/06/12 | 10/06/12 | 6.00 | 101.22 |
| 213209 | 2 | T1020 | | 10/08/12 | 10/08/12 | 7.00 | 118.09 |
| 213209 | 3 | T1020 | | 10/09/12 | 10/09/12 | 7.00 | 118.09 |
| 213209 | 4 | T1020 | | 10/10/12 | 10/10/12 | 7.00 | 118.09 |
| 213209 | 5 | T1020 | | 10/11/12 | 10/11/12 | 7.00 | 118.09 |
| 213209 | 6 | T1020 | | 10/12/12 | 10/12/12 | 7.00 | 118.09 |
| CLAIM TOTAL | | | | | | 691.67 | CLAIM ACCOUNT REF. 2132090012008267SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213207 | 1 | T1020 | | 09/10/12 | 09/10/12 | 9.00 | 151.83 |
| 213207 | 2 | T1020 | | 09/11/12 | 09/11/12 | 9.00 | 151.83 |
| 213207 | 3 | T1020 | | 09/12/12 | 09/12/12 | 9.00 | 151.83 |
| 213207 | 4 | T1020 | | 09/13/12 | 09/13/12 | 9.00 | 151.83 |
| 213207 | 5 | T1020 | | 09/14/12 | 09/14/12 | 9.00 | 151.83 |
| 213207 | 6 | T1020 | | 10/01/12 | 10/01/12 | 9.00 | 151.83 |
| 213207 | 7 | T1020 | | 10/02/12 | 10/02/12 | 9.00 | 151.83 |
| 213207 | 8 | T1020 | | 10/03/12 | 10/03/12 | 9.00 | 151.83 |
| 213207 | 9 | T1020 | | 10/04/12 | 10/04/12 | 9.00 | 151.83 |
| 213207 | 10 | T1020 | | 10/05/12 | 10/05/12 | 9.00 | 151.83 |
| 213207 | 11 | T1020 | | 10/06/12 | 10/06/12 | 9.00 | 151.83 |
| 213207 | 12 | T1020 | | 10/07/12 | 10/07/12 | 9.00 | 151.83 |
| 213207 | 13 | T1020 | | 10/08/12 | 10/08/12 | 9.00 | 151.83 |
| 213207 | 14 | T1020 | | 10/09/12 | 10/09/12 | 9.00 | 151.83 |
| 213207 | 15 | T1020 | | 10/10/12 | 10/10/12 | 9.00 | 151.83 |
| 213207 | 16 | T1020 | | 10/11/12 | 10/11/12 | 9.00 | 151.83 |
| 213207 | 17 | T1020 | | 10/12/12 | 10/12/12 | 9.00 | 151.83 |
| CLAIM TOTAL | | | | | | 2,581.11 | CLAIM ACCOUNT REF. 2132070012008268SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213205 | 1 | T1020 | | 10/06/12 | 10/06/12 | 7.00 | 118.09 |
| 213205 | 2 | T1020 | | 10/07/12 | 10/07/12 | 7.00 | 118.09 |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 213205 | 3 | T1020 | | 10/09/12 | 10/09/12 | 7.00 | 118.09 | |
| 213205 | 4 | T1020 | | 10/10/12 | 10/10/12 | 7.00 | 118.09 | |
| 213205 | 5 | T1020 | | 10/11/12 | 10/11/12 | 7.00 | 118.09 | |
| 213205 | 6 | T1020 | | 10/12/12 | 10/12/12 | 7.00 | 118.09 | |
| | | | | | CLAIM TOTAL | | 708.54 | CLAIM ACCOUNT REF. 2132050012008306SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|---------------|------------|--------------|-----------------------|
| NY 001 | 2008386 | 2008386 | BATISTA, JOSE | 07/20/1950 | 74170038700 | 120820411 |
| DIAGNOSIS | CODES: | 344.1 | 401.9 | 599.0 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 213204 | 1 | T1020 | | 10/06/12 | 10/06/12 | 7.00 | 118.09 | |
| 213204 | 2 | T1020 | | 10/07/12 | 10/07/12 | 7.00 | 118.09 | |
| 213204 | 3 | T1020 | | 10/08/12 | 10/08/12 | 7.00 | 118.09 | |
| 213204 | 4 | T1020 | | 10/09/12 | 10/09/12 | 7.00 | 118.09 | |
| 213204 | 5 | T1020 | | 10/10/12 | 10/10/12 | 7.00 | 118.09 | |
| 213204 | 6 | T1020 | | 10/11/12 | 10/11/12 | 7.00 | 118.09 | |
| 213204 | 7 | T1020 | | 10/12/12 | 10/12/12 | 7.00 | 118.09 | |
| | | | | | CLAIM TOTAL | | 826.63 | CLAIM ACCOUNT REF. 2132040012008386SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|---|
| 213208 | 1 | T1020 | | 10/09/12 | 10/09/12 | 4.00 | 67.48 | |
| 213208 | 2 | T1020 | | 10/10/12 | 10/10/12 | 5.00 | 84.35 | |
| 213208 | 3 | T1020 | | 10/12/12 | 10/12/12 | 4.00 | 67.48 | |
| | | | | | CLAIM TOTAL | | 219.31 | CLAIM ACCOUNT REF. 2132080012008400SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|---|
| 213210 | 1 | T1020 | | 10/06/12 | 10/06/12 | 9.00 | 151.83 | |
| 213210 | 2 | T1020 | | 10/07/12 | 10/07/12 | 9.00 | 151.83 | |
| 213210 | 3 | T1020 | | 10/08/12 | 10/08/12 | 9.00 | 151.83 | |
| 213210 | 4 | T1020 | | 10/09/12 | 10/09/12 | 9.00 | 151.83 | |
| 213210 | 5 | T1020 | | 10/10/12 | 10/10/12 | 9.00 | 151.83 | |
| 213210 | 6 | T1020 | | 10/11/12 | 10/11/12 | 9.00 | 151.83 | |
| 213210 | 7 | T1020 | | 10/12/12 | 10/12/12 | 9.00 | 151.83 | |
| | | | | | CLAIM TOTAL | | 1,062.81 | CLAIM ACCOUNT REF. 2132100012010041SUP |

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NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2132060012010712SUP

| | | | | | |
|---------------|-----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | FIDELIS CARE NY | # OF CLAIMS = | 50 | TOTAL CLAIM AMOUNT = | 6,410.60 |
| | | # 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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213187 | 1 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213187 | 2 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213187 | 3 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |
| CLAIM ACCOUNT REF. | | | | | | | 2131870012008261SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213195 | 1 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 101.28 |
| 213195 | 2 | T1019 | | 10/07/12 | 10/07/12 | 24.00 | 101.28 |
| 213195 | 3 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 |
| 213195 | 4 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 |
| 213195 | 5 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 |
| 213195 | 6 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 |
| 213195 | 7 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 708.96 |
| CLAIM ACCOUNT REF. | | | | | | | 2131950012008263SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213201 | 1 | T1019 | | 10/06/12 | 10/06/12 | 40.00 | 168.80 |
| 213201 | 2 | T1019 | | 10/07/12 | 10/07/12 | 40.00 | 168.80 |
| 213201 | 3 | T1019 | | 10/08/12 | 10/08/12 | 40.00 | 168.80 |
| 213201 | 4 | T1019 | | 10/09/12 | 10/09/12 | 40.00 | 168.80 |
| 213201 | 5 | T1019 | | 10/10/12 | 10/10/12 | 40.00 | 168.80 |
| 213201 | 6 | T1019 | | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| 213201 | 7 | T1019 | | 10/12/12 | 10/12/12 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | | 1,164.72 |
| CLAIM ACCOUNT REF. | | | | | | | 2132010012008265SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213203 | 1 | T1019 | | 10/06/12 | 10/06/12 | 16.00 | 67.52 |

REPORT DATE 10/17/12 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213203 | 2 | T1019 | | 10/07/12 | 10/07/12 | 16.00 | 67.52 |
| 213203 | 3 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 |
| 213203 | 4 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 |
| 213203 | 5 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 |
| 213203 | 6 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 |
| 213203 | 7 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 641.44 |

CLAIM ACCOUNT REF. 2132030012008303SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213191 | 1 | T1019 | | 10/08/12 | 10/08/12 | 4.00 | 16.88 |
| 213191 | 2 | T1019 | | 10/10/12 | 10/10/12 | 20.00 | 84.40 |
| 213191 | 3 | T1019 | | 10/11/12 | 10/11/12 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 185.68 |

CLAIM ACCOUNT REF. 2131910012008366SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213185 | 1 | T1019 | | 10/06/12 | 10/06/12 | 28.00 | 118.16 |
| 213185 | 2 | T1019 | | 10/07/12 | 10/07/12 | 28.00 | 118.16 |
| 213185 | 3 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213185 | 4 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 |
| 213185 | 5 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 |
| 213185 | 6 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 |
| 213185 | 7 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 844.00 |

CLAIM ACCOUNT REF. 2131850012008403SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008420 2008420 SALVATO, MARY 04/06/1954 10064119301 072211255313
DIAGNOSIS CODES: 340. 244.9 250.00 272.0 401.9 493.00 799.89

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213200 | 1 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 |
| 213200 | 2 | T1019 | | 10/07/12 | 10/07/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 270.08 |

CLAIM ACCOUNT REF. 2132000012008420SUP

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 213197 | 1 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 | |
| 213197 | 2 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 | |
| 213197 | 3 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 | |
| 213197 | 4 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 | |
| 213197 | 5 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | 506.40 | | CLAIM ACCOUNT REF. 2131970012008421SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 213196 | 1 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 101.28 | |
| 213196 | 2 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 | |
| 213196 | 3 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 | |
| 213196 | 4 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | 405.12 | | CLAIM ACCOUNT REF. 2131960012008422SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 213202 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 | |
| 213202 | 2 | T1019 | | 10/09/12 | 10/09/12 | 16.00 | 67.52 | |
| 213202 | 3 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 | |
| 213202 | 4 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | 270.08 | | CLAIM ACCOUNT REF. 2132020012008425SUP |

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 | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|---|
| 213188 | 1 | T1019 | | 10/06/12 | 10/06/12 | 40.00 | 168.80 | |
| | | | | | CLAIM TOTAL | 168.80 | | CLAIM ACCOUNT REF. 2131880012008427SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213189 | 1 | T1019 | | 10/07/12 | 10/07/12 | 40.00 | 168.80 |
| 213189 | 2 | T1019 | | 10/08/12 | 10/08/12 | 40.00 | 168.80 |
| 213189 | 3 | T1019 | | 10/09/12 | 10/09/12 | 40.00 | 168.80 |
| 213189 | 4 | T1019 | | 10/10/12 | 10/10/12 | 40.00 | 168.80 |
| 213189 | 5 | T1019 | | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| 213189 | 6 | T1019 | | 10/12/12 | 10/12/12 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | 1,012.80 | CLAIM ACCOUNT REF. 2131890012008427SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008531 2008531 RODRIGUEZ, 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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213199 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213199 | 2 | T1019 | | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213199 | 3 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213199 | 4 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213199 | 5 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 337.60 | CLAIM ACCOUNT REF. 2131990012008531SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213194 | 1 | T1019 | | 10/07/12 | 10/07/12 | 16.00 | 67.52 |
| 213194 | 2 | T1019 | | 10/08/12 | 10/08/12 | 28.00 | 118.16 |
| 213194 | 3 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 |
| 213194 | 4 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 |
| 213194 | 5 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 |
| 213194 | 6 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 118.16 |
| CLAIM TOTAL | | | | | | 658.32 | CLAIM ACCOUNT REF. 2131940012008742SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008802 2008802 DIAZ, 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213186 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213186 | 2 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 | |
| 213186 | 3 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 | |
| 213186 | 4 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 | |
| 213186 | 5 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 | |
| | | | | | CLAIM TOTAL | | 472.64 | CLAIM ACCOUNT REF. 2131860012008802SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2008260 | 2009221 | KHALIL, RASHAN | 02/11/1989 | 10060620501 | 062512296643 |
| DIAGNOSIS | CODES: | 799.89 | 294.8 | 343.9 | 345.91 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213192 | 1 | T1019 | | 10/08/12 | 10/08/12 | 28.00 | 118.16 | |
| 213192 | 2 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 | |
| 213192 | 3 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 | |
| 213192 | 4 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 | |
| 213192 | 5 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 607.68 | CLAIM ACCOUNT REF. 2131920012009221SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 213193 | 1 | T1019 | | 10/06/12 | 10/06/12 | 48.00 | 202.56 | |
| 213193 | 2 | T1019 | | 10/07/12 | 10/07/12 | 40.00 | 168.80 | |
| 213193 | 3 | T1019 | | 10/08/12 | 10/08/12 | 48.00 | 202.56 | |
| 213193 | 4 | T1019 | | 10/09/12 | 10/09/12 | 48.00 | 202.56 | |
| 213193 | 5 | T1019 | | 10/10/12 | 10/10/12 | 48.00 | 202.56 | |
| 213193 | 6 | T1019 | | 10/11/12 | 10/11/12 | 48.00 | 202.56 | |
| 213193 | 7 | T1019 | | 10/12/12 | 10/12/12 | 48.00 | 202.56 | |
| | | | | | CLAIM TOTAL | | 1,384.16 | CLAIM ACCOUNT REF. 2131930012009356SUP |

| 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 | |
|--------|--------|----------------|------------|----------|----------|-------|--------|--|
| 213183 | 1 | T1019 | | 10/07/12 | 10/07/12 | 32.00 | 135.04 | |
| 213183 | 2 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 | |
| 213183 | 3 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 | |
| 213183 | 4 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 | |
| 213183 | 5 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 | |
| 213183 | 6 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 | CLAIM ACCOUNT REF. |
|-------|--------|----------------|------------|---------|---------|-------|--------|---------------------|
| | | | | | | | 810.24 | 2131830012010143SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|---------------------|
| 213198 | 1 | T1019 | | 10/08/12 | 10/08/12 | 20.00 | 84.40 | |
| 213198 | 2 | T1019 | | 10/09/12 | 10/09/12 | 20.00 | 84.40 | |
| 213198 | 3 | T1019 | | 10/10/12 | 10/10/12 | 20.00 | 84.40 | |
| 213198 | 4 | T1019 | | 10/11/12 | 10/11/12 | 20.00 | 84.40 | |
| 213198 | 5 | T1019 | | 10/12/12 | 10/12/12 | 20.00 | 84.40 | |
| | | | | | | | 422.00 | 2131980012010353SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|---------------------|
| 213190 | 1 | T1019 | | 09/27/12 | 09/27/12 | 4.00 | 16.88 | |
| 213190 | 2 | T1019 | | 09/28/12 | 09/28/12 | 4.00 | 16.88 | |
| 213190 | 3 | T1019 | | 10/02/12 | 10/02/12 | 4.00 | 16.88 | |
| 213190 | 4 | T1019 | | 10/04/12 | 10/04/12 | 4.00 | 16.88 | |
| 213190 | 5 | T1019 | | 10/05/12 | 10/05/12 | 4.00 | 16.88 | |
| 213190 | 6 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 101.28 | |
| 213190 | 7 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 | |
| 213190 | 8 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 | |
| 213190 | 9 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 | |
| 213190 | 10 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 | |
| 213190 | 11 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 118.16 | |
| | | | | | | | 742.72 | 2131900012010639SUP |

| 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 | CLAIM ACCOUNT REF. |
|--------|--------|----------------|------------|----------|----------|-------|--------|---------------------|
| 213184 | 1 | T1019 | | 10/08/12 | 10/08/12 | 36.00 | 151.92 | |
| 213184 | 2 | T1019 | | 10/09/12 | 10/09/12 | 36.00 | 151.92 | |
| 213184 | 3 | T1019 | | 10/10/12 | 10/10/12 | 36.00 | 151.92 | |
| 213184 | 4 | T1019 | | 10/11/12 | 10/11/12 | 36.00 | 151.92 | |
| 213184 | 5 | T1019 | | 10/12/12 | 10/12/12 | 36.00 | 151.92 | |
| | | | | | | | 759.60 | 2131840012010878SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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

| | | | | | |
|---------------|---------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | NEIGHBORHOOD HEALTH | # OF CLAIMS = | 111 | TOTAL CLAIM AMOUNT = | 12,575.60 |
| | | # SERVICES = | 20 | | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 0106191290349
DIAGNOSIS CODES: 356.9 348.2 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213233 | 1 | T1019 | | 10/06/12 | 10/06/12 | 4.00 | 68.60 |
| 213233 | 2 | T1019 | | 10/07/12 | 10/07/12 | 4.00 | 68.60 |
| 213233 | 3 | T1019 | | 10/08/12 | 10/08/12 | 11.00 | 188.65 |
| 213233 | 4 | T1019 | | 10/09/12 | 10/09/12 | 12.00 | 205.80 |
| 213233 | 5 | T1019 | | 10/10/12 | 10/10/12 | 12.00 | 205.80 |
| 213233 | 6 | T1019 | | 10/11/12 | 10/11/12 | 12.00 | 205.80 |
| CLAIM TOTAL | | | | | | | 943.25 |
| | | | | | | | CLAIM ACCOUNT REF. 2132330012008233SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008236 2008236 PERSAD, USHA 07/05/1955 TS79090G 0103301290322
DIAGNOSIS CODES: 250.10 272.0 401.9 225.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213240 | 1 | T1019 | | 10/05/12 | 10/05/12 | 11.00 | 188.65 |
| 213240 | 2 | T1019 | | 10/06/12 | 10/06/12 | 8.00 | 137.20 |
| 213240 | 3 | T1019 | | 10/07/12 | 10/07/12 | 8.00 | 137.20 |
| 213240 | 4 | T1019 | | 10/08/12 | 10/08/12 | 11.00 | 188.65 |
| 213240 | 5 | T1019 | | 10/09/12 | 10/09/12 | 11.00 | 188.65 |
| 213240 | 6 | T1019 | | 10/12/12 | 10/12/12 | 11.00 | 188.65 |
| CLAIM TOTAL | | | | | | | 1,029.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2132400012008236SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213232 | 1 | T1019 | | 10/06/12 | 10/06/12 | 3.00 | 51.45 |
| 213232 | 2 | T1019 | | 10/07/12 | 10/07/12 | 3.00 | 51.45 |
| 213232 | 3 | T1019 | | 10/08/12 | 10/08/12 | 5.00 | 85.75 |
| 213232 | 4 | T1019 | | 10/09/12 | 10/09/12 | 5.00 | 85.75 |
| 213232 | 5 | T1019 | | 10/10/12 | 10/10/12 | 5.00 | 85.75 |
| 213232 | 6 | T1019 | | 10/11/12 | 10/11/12 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | | 428.75 |
| | | | | | | | CLAIM ACCOUNT REF. 2132320012008284SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008385 2008385 MURDOCK, GERTRUDE 11/01/1917 SS71357M 0106221290271
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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 213238 | 1 | T1019 | | 10/08/12 | 10/08/12 | 8.00 | 137.20 | |
| 213238 | 2 | T1019 | | 10/09/12 | 10/09/12 | 8.00 | 137.20 | |
| 213238 | 3 | T1019 | | 10/11/12 | 10/11/12 | 8.00 | 137.20 | |
| 213238 | 4 | T1019 | | 10/12/12 | 10/12/12 | 8.00 | 137.20 | |
| CLAIM TOTAL | | | | | | | 548.80 | CLAIM ACCOUNT REF. 2132380012008385SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|--------|--|
| 213237 | 1 | T1019 | | 10/06/12 | 10/06/12 | 5.00 | 85.75 | |
| 213237 | 2 | T1019 | | 10/07/12 | 10/07/12 | 5.00 | 85.75 | |
| 213237 | 3 | T1019 | | 10/08/12 | 10/08/12 | 5.00 | 85.75 | |
| 213237 | 4 | T1019 | | 10/09/12 | 10/09/12 | 5.00 | 85.75 | |
| 213237 | 5 | T1019 | | 10/10/12 | 10/10/12 | 5.00 | 85.75 | |
| 213237 | 6 | T1019 | | 10/11/12 | 10/11/12 | 5.00 | 85.75 | |
| 213237 | 7 | T1019 | | 10/12/12 | 10/12/12 | 5.00 | 85.75 | |
| CLAIM TOTAL | | | | | | | 600.25 | CLAIM ACCOUNT REF. 2132370012008417SUP |

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 | |
|-------------|--------|----------------|------------|----------|----------|-------|----------|--|
| 213242 | 1 | T1019 | | 09/28/12 | 09/28/12 | 8.00 | 137.20 | |
| 213242 | 2 | T1019 | | 10/01/12 | 10/01/12 | 8.00 | 137.20 | |
| 213242 | 3 | T1019 | | 10/04/12 | 10/04/12 | 8.00 | 137.20 | |
| 213242 | 4 | T1019 | | 10/05/12 | 10/05/12 | 8.00 | 137.20 | |
| 213242 | 5 | T1019 | | 10/08/12 | 10/08/12 | 8.00 | 137.20 | |
| 213242 | 6 | T1019 | | 10/09/12 | 10/09/12 | 8.00 | 137.20 | |
| 213242 | 7 | T1019 | | 10/10/12 | 10/10/12 | 8.00 | 137.20 | |
| 213242 | 8 | T1019 | | 10/11/12 | 10/11/12 | 8.00 | 137.20 | |
| 213242 | 9 | T1019 | | 10/12/12 | 10/12/12 | 8.00 | 137.20 | |
| CLAIM TOTAL | | | | | | | 1,234.80 | CLAIM ACCOUNT REF. 2132420012008418SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213234 | 1 | T1019 | | 10/06/12 | 10/06/12 | 10.00 | 171.50 |
| 213234 | 2 | T1019 | | 10/07/12 | 10/07/12 | 10.00 | 171.50 |
| 213234 | 3 | T1019 | | 10/08/12 | 10/08/12 | 10.00 | 171.50 |
| 213234 | 4 | T1019 | | 10/09/12 | 10/09/12 | 10.00 | 171.50 |
| 213234 | 5 | T1019 | | 10/10/12 | 10/10/12 | 10.00 | 171.50 |
| 213234 | 6 | T1019 | | 10/11/12 | 10/11/12 | 10.00 | 171.50 |
| 213234 | 7 | T1019 | | 10/12/12 | 10/12/12 | 10.00 | 171.50 |
| CLAIM TOTAL | | | | | | 1,200.50 | CLAIM ACCOUNT REF. 2132340012008743SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008283 2009137 DAVIS, ANGIE 11/15/1958 UT00109J 0107061290221
DIAGNOSIS CODES: 340. 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213235 | 1 | T1019 | | 10/06/12 | 10/06/12 | 19.00 | 325.85 |
| 213235 | 2 | T1019 | | 10/07/12 | 10/07/12 | 19.00 | 325.85 |
| 213235 | 3 | T1019 | | 10/08/12 | 10/08/12 | 19.00 | 325.85 |
| 213235 | 4 | T1019 | | 10/09/12 | 10/09/12 | 19.00 | 325.85 |
| 213235 | 5 | T1019 | | 10/10/12 | 10/10/12 | 19.00 | 325.85 |
| 213235 | 6 | T1019 | | 10/11/12 | 10/11/12 | 19.00 | 325.85 |
| 213235 | 7 | T1019 | | 10/12/12 | 10/12/12 | 18.00 | 308.70 |
| CLAIM TOTAL | | | | | | 2,263.80 | CLAIM ACCOUNT REF. 2132350012009137SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213243 | 1 | T1019 | | 10/06/12 | 10/06/12 | 5.00 | 85.75 |
| 213243 | 2 | T1019 | | 10/07/12 | 10/07/12 | 5.00 | 85.75 |
| 213243 | 3 | T1019 | | 10/08/12 | 10/08/12 | 5.00 | 85.75 |
| 213243 | 4 | T1019 | | 10/09/12 | 10/09/12 | 5.00 | 85.75 |
| 213243 | 5 | T1019 | | 10/10/12 | 10/10/12 | 5.00 | 85.75 |
| 213243 | 6 | T1019 | | 10/11/12 | 10/11/12 | 5.00 | 85.75 |
| 213243 | 7 | T1019 | | 10/12/12 | 10/12/12 | 5.00 | 85.75 |
| CLAIM TOTAL | | | | | | 600.25 | CLAIM ACCOUNT REF. 2132430012009377SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213241 | 1 | T1019 | | 10/06/12 | 10/06/12 | 8.00 | 137.20 |
| 213241 | 2 | T1019 | | 10/08/12 | 10/08/12 | 3.00 | 51.45 |
| 213241 | 3 | T1019 | | 10/09/12 | 10/09/12 | 3.00 | 51.45 |
| 213241 | 4 | T1019 | | 10/10/12 | 10/10/12 | 3.00 | 51.45 |
| 213241 | 5 | T1019 | | 10/11/12 | 10/11/12 | 3.00 | 51.45 |
| 213241 | 6 | T1019 | | 10/12/12 | 10/12/12 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | | 411.60 |

CLAIM ACCOUNT REF. 2132410012009688SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008280 2009919 SHUMON, NUK-FNU 01/21/1981 QQ82218A 0108151290153
DIAGNOSIS CODES: 952.9 344.1 564.00 599.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213244 | 1 | T1019 | | 10/12/12 | 10/12/12 | 4.00 | 68.60 |
| CLAIM TOTAL | | | | | | | 68.60 |

CLAIM ACCOUNT REF. 2132440012009919SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008279 2010213 VALLE, BLASINA 02/03/1929 QG00558G 0106011290042
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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213245 | 1 | T1019 | | 10/08/12 | 10/08/12 | 8.00 | 137.20 |
| 213245 | 2 | T1019 | | 10/09/12 | 10/09/12 | 8.00 | 137.20 |
| 213245 | 3 | T1019 | | 10/10/12 | 10/10/12 | 8.00 | 137.20 |
| 213245 | 4 | T1019 | | 10/11/12 | 10/11/12 | 8.00 | 137.20 |
| 213245 | 5 | T1019 | | 10/12/12 | 10/12/12 | 8.00 | 137.20 |
| CLAIM TOTAL | | | | | | | 686.00 |

CLAIM ACCOUNT REF. 2132450012010213SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213239 | 1 | T1019 | | 10/08/12 | 10/08/12 | 3.00 | 51.45 |
| 213239 | 2 | T1019 | | 10/09/12 | 10/09/12 | 3.00 | 51.45 |
| 213239 | 3 | T1019 | | 10/10/12 | 10/10/12 | 3.00 | 51.45 |
| 213239 | 4 | T1019 | | 10/11/12 | 10/11/12 | 3.00 | 51.45 |
| 213239 | 5 | T1019 | | 10/12/12 | 10/12/12 | 3.00 | 51.45 |
| CLAIM TOTAL | | | | | | | 257.25 |

CLAIM ACCOUNT REF. 2132390012010886SUP

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2011286 2011286 DOBBINS, SANDRA 02/05/1953 ZA50099X 0109041290009
DIAGNOSIS CODES: 295.90 369.10 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213236 | 1 | T1019 | | 10/05/12 | 10/05/12 | 24.00 | 411.60 |
| 213236 | 2 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 411.60 |
| 213236 | 3 | T1019 | | 10/07/12 | 10/07/12 | 24.00 | 411.60 |
| 213236 | 4 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 411.60 |
| 213236 | 5 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 411.60 |
| 213236 | 6 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 411.60 |
| CLAIM TOTAL | | | | | | 2,469.60 | CLAIM ACCOUNT REF. 2132360012011286SUP |

PAYER TOTALS: METROPLUS HEALTH PLAN # OF CLAIMS = 82 TOTAL CLAIM AMOUNT = 12,742.45
SERVICES = 14

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213248 | 1 | T1019 | | 10/06/12 | 10/06/12 | 36.00 | 154.80 |
| 213248 | 2 | T1019 | | 10/07/12 | 10/07/12 | 36.00 | 154.80 |
| 213248 | 3 | T1019 | | 10/08/12 | 10/08/12 | 36.00 | 154.80 |
| 213248 | 4 | T1019 | | 10/09/12 | 10/09/12 | 36.00 | 154.80 |
| 213248 | 5 | T1019 | | 10/10/12 | 10/10/12 | 36.00 | 154.80 |
| 213248 | 6 | T1019 | | 10/11/12 | 10/11/12 | 36.00 | 154.80 |
| 213248 | 7 | T1019 | | 10/12/12 | 10/12/12 | 36.00 | 154.80 |
| CLAIM TOTAL | | | | | | 1,083.60 | CLAIM ACCOUNT REF. 2132480012008286SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213247 | 1 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 103.20 |
| 213247 | 2 | T1019 | | 10/07/12 | 10/07/12 | 24.00 | 103.20 |
| 213247 | 3 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 103.20 |
| 213247 | 4 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 103.20 |
| 213247 | 5 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 103.20 |
| 213247 | 6 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 103.20 |
| 213247 | 7 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 103.20 |
| CLAIM TOTAL | | | | | | 722.40 | CLAIM ACCOUNT REF. 2132470012008495SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010404 2010404 GUERRERO, MIRTHA 09/14/1931 740496 110890509
DIAGNOSIS CODES: 253.5 401.9 733.00 750.27

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213246 | 1 | T1019 | | 10/04/12 | 10/04/12 | 28.00 | 120.40 |
| 213246 | 2 | T1019 | | 10/05/12 | 10/05/12 | 28.00 | 120.40 |
| 213246 | 3 | T1019 | | 10/06/12 | 10/06/12 | 28.00 | 120.40 |
| 213246 | 4 | T1019 | | 10/07/12 | 10/07/12 | 28.00 | 120.40 |
| 213246 | 5 | T1019 | | 10/08/12 | 10/08/12 | 28.00 | 120.40 |
| 213246 | 6 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 120.40 |
| 213246 | 7 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 120.40 |
| 213246 | 8 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 120.40 |
| 213246 | 9 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 120.40 |
| CLAIM TOTAL | | | | | | 1,083.60 | CLAIM ACCOUNT REF. 2132460012010404SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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

| | | | | | |
|---------------|----------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | WELLCARE OF NY | # OF CLAIMS = | 23 | TOTAL CLAIM AMOUNT = | 2,889.60 |
| | | # SERVICES = | 3 | | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213229 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 40.00 | 168.80 |
| 213229 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 40.00 | 168.80 |
| 213229 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 40.00 | 168.80 |
| 213229 | 4 | T1019 | 0580 | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 675.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2132290012008491SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213231 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213231 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213231 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213231 | 4 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213231 | 5 | T1019 | 0580 | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 337.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2132310012008513SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213230 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 20.00 | 84.40 |
| 213230 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 20.00 | 84.40 |
| 213230 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 20.00 | 84.40 |
| 213230 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 20.00 | 84.40 |
| 213230 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 20.00 | 84.40 |
| 213230 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 20.00 | 84.40 |
| 213230 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 590.80 |
| CLAIM ACCOUNT REF. | | | | | | | 2132300012008544SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213224 | 1 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 56.00 |
| 213224 | 2 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 56.00 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|--------|--------|----------------|------------|----------|----------|-------|--|
| 213224 | 3 | T1019 | 0580 | 10/12/12 | 10/12/12 | 16.00 | 56.00 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 168.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2132240012008723SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--|
| 213216 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 48.00 | 168.00 |
| 213216 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 48.00 | 168.00 |
| 213216 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 48.00 | 168.00 |
| 213216 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 48.00 | 168.00 |
| 213216 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 48.00 | 168.00 |
| 213216 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 48.00 | 168.00 |
| 213216 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 48.00 | 168.00 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 1,176.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2132160012008793SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--|
| 213226 | 1 | T1019 | 0580 | 09/28/12 | 09/28/12 | 32.00 | 112.00 |
| 213226 | 2 | T1019 | 0580 | 10/06/12 | 10/06/12 | 32.00 | 112.00 |
| 213226 | 3 | T1019 | 0580 | 10/07/12 | 10/07/12 | 32.00 | 112.00 |
| 213226 | 4 | T1019 | 0580 | 10/08/12 | 10/08/12 | 32.00 | 112.00 |
| 213226 | 5 | T1019 | 0580 | 10/09/12 | 10/09/12 | 32.00 | 112.00 |
| 213226 | 6 | T1019 | 0580 | 10/10/12 | 10/10/12 | 32.00 | 112.00 |
| 213226 | 7 | T1019 | 0580 | 10/11/12 | 10/11/12 | 32.00 | 112.00 |
| 213226 | 8 | T1019 | 0580 | 10/12/12 | 10/12/12 | 32.00 | 112.00 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 896.00 |
| | | | | | | | CLAIM ACCOUNT REF. 2132260012009237SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--|
| 213227 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213227 | 2 | T1019 | 0580 | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213227 | 3 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| | | | | | | | CLAIM TOTAL |
| | | | | | | | 202.56 |
| | | | | | | | CLAIM ACCOUNT REF. 2132270012009406SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2009467 2009467 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213223 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 48.00 | 168.00 |
| 213223 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 48.00 | 168.00 |
| 213223 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 48.00 | 168.00 |
| 213223 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 48.00 | 168.00 |
| 213223 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 48.00 | 168.00 |
| 213223 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 48.00 | 168.00 |
| 213223 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 48.00 | 168.00 |
| CLAIM TOTAL | | | | | | | 1,176.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2132230012009467SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213228 | 1 | T1019 | 0580 | 10/10/12 | 10/10/12 | 40.00 | 168.80 |
| 213228 | 2 | T1019 | 0580 | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 337.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2132280012009562SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213220 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 16.00 | 56.00 |
| 213220 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 56.00 |
| 213220 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 16.00 | 56.00 |
| 213220 | 4 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 56.00 |
| 213220 | 5 | T1019 | 0580 | 10/12/12 | 10/12/12 | 16.00 | 56.00 |
| CLAIM TOTAL | | | | | | | 280.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2132200012009686SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009945 2009945 JACKSON, FRANCES 03/12/1934 12030545001 4676295
DIAGNOSIS CODES: 332.0 250.00 401.9 722.10 785.2

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213222 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 28.00 | 98.00 |
| 213222 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 28.00 | 98.00 |
| 213222 | 3 | T1019 | 0580 | 10/12/12 | 10/12/12 | 28.00 | 98.00 |
| CLAIM TOTAL | | | | | | | 294.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2132220012009945SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 14408709
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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213215 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 20.00 | 70.00 |
| 213215 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 24.00 | 84.00 |
| 213215 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 20.00 | 70.00 |
| 213215 | 4 | T1019 | 0580 | 10/12/12 | 10/12/12 | 20.00 | 70.00 |
| CLAIM TOTAL | | | | | | | 294.00 |

CLAIM ACCOUNT REF. 2132150012010293SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|----------|
| 213225 | 1 | T1019 | 0580 | 09/16/12 | 09/16/12 | 4.00 | 14.00 |
| 213225 | 2 | T1019 | 0580 | 10/06/12 | 10/06/12 | 48.00 | 168.00 |
| 213225 | 3 | T1019 | 0580 | 10/07/12 | 10/07/12 | 48.00 | 168.00 |
| 213225 | 4 | T1019 | 0580 | 10/08/12 | 10/08/12 | 48.00 | 168.00 |
| 213225 | 5 | T1019 | 0580 | 10/09/12 | 10/09/12 | 48.00 | 168.00 |
| 213225 | 6 | T1019 | 0580 | 10/10/12 | 10/10/12 | 48.00 | 168.00 |
| 213225 | 7 | T1019 | 0580 | 10/11/12 | 10/11/12 | 48.00 | 168.00 |
| CLAIM TOTAL | | | | | | | 1,022.00 |

CLAIM ACCOUNT REF. 2132250012010316SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213221 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 36.00 | 126.00 |
| 213221 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 36.00 | 126.00 |
| 213221 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 36.00 | 126.00 |
| 213221 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 36.00 | 126.00 |
| 213221 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 36.00 | 126.00 |
| 213221 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 36.00 | 126.00 |
| 213221 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 36.00 | 126.00 |
| CLAIM TOTAL | | | | | | | 882.00 |

CLAIM ACCOUNT REF. 2132210012010991SUP

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213217 | 1 | G0156 | 0572 | 10/06/12 | 10/06/12 | 7.00 | 99.75 |
| 213217 | 2 | G0156 | 0572 | 10/08/12 | 10/08/12 | 7.00 | 99.75 |
| 213217 | 3 | G0156 | 0572 | 10/09/12 | 10/09/12 | 7.00 | 99.75 |
| CLAIM TOTAL | | | | | | | 299.25 |
| CLAIM ACCOUNT REF. | | | | | | | 2132170012011066SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213218 | 1 | G0156 | 0572 | 10/10/12 | 10/10/12 | 7.00 | 99.75 |
| 213218 | 2 | G0156 | 0572 | 10/11/12 | 10/11/12 | 7.00 | 99.75 |
| 213218 | 3 | G0156 | 0572 | 10/12/12 | 10/12/12 | 7.00 | 99.75 |
| CLAIM TOTAL | | | | | | | 299.25 |
| CLAIM ACCOUNT REF. | | | | | | | 2132180012011066SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213219 | 1 | G0156 | 0572 | 10/06/12 | 10/06/12 | 9.00 | 128.25 |
| 213219 | 2 | G0156 | 0572 | 10/07/12 | 10/07/12 | 9.00 | 128.25 |
| 213219 | 3 | G0156 | 0572 | 10/08/12 | 10/08/12 | 9.00 | 128.25 |
| 213219 | 4 | G0156 | 0572 | 10/09/12 | 10/09/12 | 9.00 | 128.25 |
| 213219 | 5 | G0156 | 0572 | 10/10/12 | 10/10/12 | 12.00 | 171.00 |
| 213219 | 6 | G0156 | 0572 | 10/11/12 | 10/11/12 | 12.00 | 171.00 |
| 213219 | 7 | G0156 | 0572 | 10/12/12 | 10/12/12 | 12.00 | 171.00 |
| CLAIM TOTAL | | | | | | | 1,026.00 |
| CLAIM ACCOUNT REF. | | | | | | | 2132190012011526SUP |

PAYER TOTALS: HEALTH INSURANCE PLAN # OF CLAIMS = 85 TOTAL CLAIM AMOUNT = 9,956.26
SERVICES = 16

PAGE: 23

NPI = 1154407492

PRIOR AUTHORIZATION #

CLAIM ACCOUNT REF. 2132630012010958SUP

| | | | | | |
|---------------|--------------|---------------|---|----------------------|--------|
| PAYER TOTALS: | VNSNY CHOICE | # OF CLAIMS = | 5 | TOTAL CLAIM AMOUNT = | 600.60 |
| | | # SERVICES = | 1 | | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 R1817676
DIAGNOSIS CODES: 314.01

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213173 | 1 | T1019 | | 09/22/12 | 09/22/12 | 12.00 | 50.64 |
| 213173 | 2 | T1019 | | 09/23/12 | 09/23/12 | 12.00 | 50.64 |
| 213173 | 3 | T1019 | | 09/24/12 | 09/24/12 | 12.00 | 50.64 |
| 213173 | 4 | T1019 | | 09/25/12 | 09/25/12 | 12.00 | 50.64 |
| 213173 | 5 | T1019 | | 09/26/12 | 09/26/12 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 253.20 |

CLAIM ACCOUNT REF. 2131730012008246SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213174 | 1 | T1019 | | 09/27/12 | 09/27/12 | 12.00 | 50.64 |
| 213174 | 2 | T1019 | | 09/28/12 | 09/28/12 | 12.00 | 50.64 |
| 213174 | 3 | T1019 | | 09/29/12 | 09/29/12 | 12.00 | 50.64 |
| 213174 | 4 | T1019 | | 09/30/12 | 09/30/12 | 12.00 | 50.64 |
| 213174 | 5 | T1019 | | 10/01/12 | 10/01/12 | 12.00 | 50.64 |
| 213174 | 6 | T1019 | | 10/02/12 | 10/02/12 | 12.00 | 50.64 |
| 213174 | 7 | T1019 | | 10/03/12 | 10/03/12 | 12.00 | 50.64 |
| 213174 | 8 | T1019 | | 10/04/12 | 10/04/12 | 12.00 | 50.64 |
| 213174 | 9 | T1019 | | 10/05/12 | 10/05/12 | 12.00 | 50.64 |
| 213174 | 10 | T1019 | | 10/06/12 | 10/06/12 | 12.00 | 50.64 |
| 213174 | 11 | T1019 | | 10/07/12 | 10/07/12 | 12.00 | 50.64 |
| 213174 | 12 | T1019 | | 10/08/12 | 10/08/12 | 12.00 | 50.64 |
| 213174 | 13 | T1019 | | 10/09/12 | 10/09/12 | 12.00 | 50.64 |
| 213174 | 14 | T1019 | | 10/10/12 | 10/10/12 | 12.00 | 50.64 |
| 213174 | 15 | T1019 | | 10/11/12 | 10/11/12 | 12.00 | 50.64 |
| 213174 | 16 | T1019 | | 10/12/12 | 10/12/12 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 810.24 |

CLAIM ACCOUNT REF. 2131740012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V 0105081201158
DIAGNOSIS CODES: 339.02 367.1 369.10

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213175 | 1 | T1019 | | 09/17/12 | 09/17/12 | 12.00 | 50.64 |
| 213175 | 2 | T1019 | | 09/19/12 | 09/19/12 | 12.00 | 50.64 |
| 213175 | 3 | T1019 | | 09/21/12 | 09/21/12 | 12.00 | 50.64 |
| 213175 | 4 | T1019 | | 09/24/12 | 09/24/12 | 12.00 | 50.64 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213175 | 5 | T1019 | | 09/26/12 | 09/26/12 | 12.00 | 50.64 |
| 213175 | 6 | T1019 | | 09/28/12 | 09/28/12 | 12.00 | 50.64 |
| 213175 | 7 | T1019 | | 10/01/12 | 10/01/12 | 12.00 | 50.64 |
| 213175 | 8 | T1019 | | 10/03/12 | 10/03/12 | 12.00 | 50.64 |
| 213175 | 9 | T1019 | | 10/05/12 | 10/05/12 | 12.00 | 50.64 |
| 213175 | 10 | T1019 | | 10/08/12 | 10/08/12 | 12.00 | 50.64 |
| 213175 | 11 | T1019 | | 10/10/12 | 10/10/12 | 12.00 | 50.64 |
| 213175 | 12 | T1019 | | 10/12/12 | 10/12/12 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 607.68 |
| | | | | | | | CLAIM ACCOUNT REF. 2131750012008248SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|------------------------|------------|--------------|-----------------------|
| NY | 001 | 2008249 | 2008249 | LOPEZ-RAMIREZ, CARLOTA | 01/20/1936 | QR43529V | R1800800 |
| DIAGNOSIS | CODES: | 714.0 | 272.4 | 401.9 | 536.9 | 733.00 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213169 | 1 | T1019 | | 10/06/12 | 10/06/12 | 44.00 | 185.68 |
| 213169 | 2 | T1019 | | 10/08/12 | 10/08/12 | 44.00 | 185.68 |
| 213169 | 3 | T1019 | | 10/09/12 | 10/09/12 | 44.00 | 185.68 |
| 213169 | 4 | T1019 | | 10/10/12 | 10/10/12 | 44.00 | 185.68 |
| 213169 | 5 | T1019 | | 10/11/12 | 10/11/12 | 44.00 | 185.68 |
| 213169 | 6 | T1019 | | 10/12/12 | 10/12/12 | 44.00 | 185.68 |
| CLAIM TOTAL | | | | | | | 1,114.08 |
| | | | | | | | CLAIM ACCOUNT REF. 2131690012008249SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|--------------------|------------|--------------|-----------------------|
| NY | 001 | 2008250 | 2008250 | SALAZAR, LUZ MARIA | 02/19/1970 | SC60317K | 0103301200855 |
| DIAGNOSIS | CODES: | 952.9 | 564.81 | 596.54 | 806.05 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213177 | 1 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 |
| 213177 | 2 | T1019 | | 10/07/12 | 10/07/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 270.08 |
| | | | | | | | CLAIM ACCOUNT REF. 2131770012008250SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213156 | 1 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213156 | 2 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213156 | 3 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213156 | 4 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 |
| 213156 | 5 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |
| | | | | | | | CLAIM ACCOUNT REF. 2131560012008251SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U R1904276
DIAGNOSIS CODES: 359.0 719.45

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213170 | 1 | T1019 | | 10/06/12 | 10/06/12 | 48.00 | 202.56 |
| 213170 | 2 | T1019 | | 10/07/12 | 10/07/12 | 36.00 | 151.92 |
| 213170 | 3 | T1019 | | 10/08/12 | 10/08/12 | 48.00 | 202.56 |
| 213170 | 4 | T1019 | | 10/10/12 | 10/10/12 | 48.00 | 202.56 |
| 213170 | 5 | T1019 | | 10/11/12 | 10/11/12 | 48.00 | 202.56 |
| 213170 | 6 | T1019 | | 10/12/12 | 10/12/12 | 48.00 | 202.56 |
| CLAIM TOTAL | | | | | | 1,164.72 | CLAIM ACCOUNT REF. 2131700012008253SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008254 2008254 SPIVEY, PATRICIA 04/06/1965 WE52435B R1802635
DIAGNOSIS CODES: 250.00 401.9 733.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213179 | 1 | T1019 | | 10/08/12 | 10/08/12 | 20.00 | 84.40 |
| 213179 | 2 | T1019 | | 10/09/12 | 10/09/12 | 20.00 | 84.40 |
| 213179 | 3 | T1019 | | 10/10/12 | 10/10/12 | 20.00 | 84.40 |
| 213179 | 4 | T1019 | | 10/12/12 | 10/12/12 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | 337.60 | CLAIM ACCOUNT REF. 2131790012008254SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008256 2008256 CARMONA, LUZ 08/10/1954 XJ24416K 0104161201362
DIAGNOSIS CODES: 294.8 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213154 | 1 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213154 | 2 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213154 | 3 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213154 | 4 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 |
| 213154 | 5 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 675.20 | CLAIM ACCOUNT REF. 2131540012008256SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008257 2008257 ESTEVES, JOSE 09/04/1948 YD71377C 0104091201122
DIAGNOSIS CODES: 345.40

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213160 | 1 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 |
| 213160 | 2 | T1019 | | 10/09/12 | 10/09/12 | 24.00 | 101.28 |
| 213160 | 3 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 213160 | 4 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 | |
| 213160 | 5 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 | |
| | | | | | | CLAIM TOTAL | 506.40 | CLAIM ACCOUNT REF. 2131600012008257SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-------------------|------------|--------------|-----------------------|
| NY | 001 | 2008290 | 2008290 | SALHUANA, YOLANDA | 08/25/1935 | SZ24247J | R1825265 |
| DIAGNOSIS | CODES: | 249.70 | 362.50 | 401.9 | 733.00 | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 213178 | 1 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 | |
| 213178 | 2 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 | |
| | | | | | | CLAIM TOTAL | 253.20 | CLAIM ACCOUNT REF. 2131780012008290SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|----------------|------------|--------------|-----------------------|
| NY | 001 | 2008297 | 2008297 | MARTIN, ARIANA | 12/25/1968 | XD64969X | 0104051202106 |
| DIAGNOSIS | CODES: | 250.63 | 401.9 | 493.11 | | | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 213171 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 | |
| 213171 | 2 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 | |
| 213171 | 3 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 | |
| | | | | | | CLAIM TOTAL | 202.56 | CLAIM ACCOUNT REF. 2131710012008297SUP |

| REG | LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|--------|---------|---------|-----------------|------------|--------------|-----------------------|
| NY | 001 | 2008362 | 2008362 | FONTANES, PEDRO | 08/27/1948 | RX10287Z | R1804541 |
| DIAGNOSIS | CODES: | 724.3 | 278.00 | 427.31 | 428.0 | 724.2 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|----------|-------------|--------|--|
| 213163 | 1 | T1019 | | 10/06/12 | 10/06/12 | 28.00 | 118.16 | |
| 213163 | 2 | T1019 | | 10/07/12 | 10/07/12 | 28.00 | 118.16 | |
| 213163 | 3 | T1019 | | 10/08/12 | 10/08/12 | 28.00 | 118.16 | |
| 213163 | 4 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 | |
| 213163 | 5 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 | |
| 213163 | 6 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 | |
| 213163 | 7 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 118.16 | |
| | | | | | | CLAIM TOTAL | 827.12 | CLAIM ACCOUNT REF. 2131630012008362SUP |

| 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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213176 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213176 | 2 | T1019 | | 10/09/12 | 10/09/12 | 16.00 | 67.52 | |
| 213176 | 3 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 | |
| 213176 | 4 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 | |
| 213176 | 5 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 | |
| | | | | | CLAIM TOTAL | | 337.60 | CLAIM ACCOUNT REF. 2131760012008368SUP |

| 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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 213164 | 1 | T1019 | | 09/29/12 | 09/29/12 | 32.00 | 135.04 | |
| 213164 | 2 | T1019 | | 09/30/12 | 09/30/12 | 32.00 | 135.04 | |
| 213164 | 3 | T1019 | | 10/01/12 | 10/01/12 | 32.00 | 135.04 | |
| 213164 | 4 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 | |
| 213164 | 5 | T1019 | | 10/07/12 | 10/07/12 | 32.00 | 135.04 | |
| 213164 | 6 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 | |
| 213164 | 7 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 | |
| 213164 | 8 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 | |
| 213164 | 9 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 | |
| 213164 | 10 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 1,350.40 | CLAIM ACCOUNT REF. 2131640012008411SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|---------------|------------|--------------|-----------------------|
| NY 001 | 2008428 | 2008428 | KAUR, HARBANS | 02/03/1937 | VB22061J | R1804436 |
| DIAGNOSIS | CODES: | 401.9 | 272.4 | 332.1 | 453.42 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213166 | 1 | T1019 | | 10/06/12 | 10/06/12 | 28.00 | 118.16 | |
| 213166 | 2 | T1019 | | 10/07/12 | 10/07/12 | 28.00 | 118.16 | |
| 213166 | 3 | T1019 | | 10/08/12 | 10/08/12 | 28.00 | 118.16 | |
| 213166 | 4 | T1019 | | 10/09/12 | 10/09/12 | 28.00 | 118.16 | |
| 213166 | 5 | T1019 | | 10/10/12 | 10/10/12 | 28.00 | 118.16 | |
| 213166 | 6 | T1019 | | 10/11/12 | 10/11/12 | 28.00 | 118.16 | |
| 213166 | 7 | T1019 | | 10/12/12 | 10/12/12 | 28.00 | 118.16 | |
| | | | | | CLAIM TOTAL | | 827.12 | CLAIM ACCOUNT REF. 2131660012008428SUP |

| REG LOC | CLIENT | SERVICE | NAME | BIRTH DATE | RECIPIENT ID | PRIOR AUTHORIZATION # |
|-----------|---------|---------|--------------------|------------|--------------|-----------------------|
| NY 001 | 2008433 | 2008433 | BHAIR0, KOWSILILLI | 05/13/1954 | VG15691D | R1917814 |
| DIAGNOSIS | CODES: | 340. | 286.0 | 311. | 401.9 | |

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213152 | 1 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213152 | 2 | T1019 | | 10/07/12 | 10/07/12 | 32.00 | 135.04 |
| 213152 | 3 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213152 | 4 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213152 | 5 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213152 | 6 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 |
| 213152 | 7 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 945.28 |

CLAIM ACCOUNT REF. 2131520012008433SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008487 2008487 BEGUM, MANWARA 11/23/1949 VD44720Z R1903232
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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213151 | 1 | T1019 | | 10/06/12 | 10/06/12 | 16.00 | 67.52 |
| 213151 | 2 | T1019 | | 10/07/12 | 10/07/12 | 16.00 | 67.52 |
| 213151 | 3 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213151 | 4 | T1019 | | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213151 | 5 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213151 | 6 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213151 | 7 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 472.64 |

CLAIM ACCOUNT REF. 2131510012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R1901123
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213180 | 1 | T1019 | | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213180 | 2 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 135.04 |

CLAIM ACCOUNT REF. 2131800012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008437 2009000 FERGERSON, TINA 08/11/1959 ZZ11460M R1992645
DIAGNOSIS CODES: 135. 401.9 493.00 715.00 721.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213161 | 1 | T1019 | | 09/24/12 | 09/24/12 | 32.00 | 135.04 |
| 213161 | 2 | T1019 | | 10/01/12 | 10/01/12 | 32.00 | 135.04 |
| 213161 | 3 | T1019 | | 10/02/12 | 10/02/12 | 32.00 | 135.04 |
| 213161 | 4 | T1019 | | 10/03/12 | 10/03/12 | 32.00 | 135.04 |
| 213161 | 5 | T1019 | | 10/04/12 | 10/04/12 | 32.00 | 135.04 |
| 213161 | 6 | T1019 | | 10/05/12 | 10/05/12 | 32.00 | 135.04 |
| 213161 | 7 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 | |
|--------|--------|----------------|------------|----------|-------------|-------|----------|--|
| 213161 | 8 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 | |
| 213161 | 9 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 | |
| 213161 | 10 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 | |
| 213161 | 11 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 1,485.44 | CLAIM ACCOUNT REF. 2131610012009000SUP |

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

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213162 | 1 | T1019 | | 10/08/12 | 10/08/12 | 20.00 | 84.40 | |
| 213162 | 2 | T1019 | | 10/10/12 | 10/10/12 | 20.00 | 84.40 | |
| 213162 | 3 | T1019 | | 10/12/12 | 10/12/12 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 253.20 | CLAIM ACCOUNT REF. 2131620012009001SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008300 2009256 CHARITAR, RAMKALIE 06/23/1953 UY13756G 0103191202030
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 | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213157 | 1 | T1019 | | 09/28/12 | 09/28/12 | 20.00 | 84.40 | |
| 213157 | 2 | T1019 | | 10/07/12 | 10/07/12 | 20.00 | 84.40 | |
| 213157 | 3 | T1019 | | 10/08/12 | 10/08/12 | 20.00 | 84.40 | |
| 213157 | 4 | T1019 | | 10/09/12 | 10/09/12 | 20.00 | 84.40 | |
| 213157 | 5 | T1019 | | 10/10/12 | 10/10/12 | 20.00 | 84.40 | |
| 213157 | 6 | T1019 | | 10/11/12 | 10/11/12 | 20.00 | 84.40 | |
| 213157 | 7 | T1019 | | 10/12/12 | 10/12/12 | 20.00 | 84.40 | |
| | | | | | CLAIM TOTAL | | 590.80 | CLAIM ACCOUNT REF. 2131570012009256SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E 0103301201108
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|-------|--------|--|
| 213155 | 1 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 | |
| 213155 | 2 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 | |
| 213155 | 3 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 | |
| 213155 | 4 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 | |
| 213155 | 5 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 | |
| | | | | | CLAIM TOTAL | | 675.20 | CLAIM ACCOUNT REF. 2131550012009270SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213165 | 1 | T1019 | | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213165 | 2 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213165 | 3 | T1019 | | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 202.56 |

CLAIM ACCOUNT REF. 2131650012009322SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B R1797023
DIAGNOSIS CODES: 401.9 537.9 648.12

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213158 | 1 | T1019 | | 09/28/12 | 09/28/12 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 101.28 |

CLAIM ACCOUNT REF. 2131580012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009560 2009560 BOCHENEC, JOLANTA 07/08/1964 ZT71147Q 0104121200913
DIAGNOSIS CODES: 854.00 272.4 300.00 307.42 781.0

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213153 | 1 | T1019 | | 10/06/12 | 10/06/12 | 24.00 | 101.28 |
| 213153 | 2 | T1019 | | 10/07/12 | 10/07/12 | 24.00 | 101.28 |
| 213153 | 3 | T1019 | | 10/08/12 | 10/08/12 | 24.00 | 101.28 |
| 213153 | 4 | T1019 | | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213153 | 5 | T1019 | | 10/10/12 | 10/10/12 | 24.00 | 101.28 |
| 213153 | 6 | T1019 | | 10/11/12 | 10/11/12 | 24.00 | 101.28 |
| 213153 | 7 | T1019 | | 10/12/12 | 10/12/12 | 24.00 | 101.28 |
| CLAIM TOTAL | | | | | | | 675.20 |

CLAIM ACCOUNT REF. 2131530012009560SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213182 | 1 | T1019 | | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213182 | 2 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213182 | 3 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213182 | 4 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 |
| 213182 | 5 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |

CLAIM ACCOUNT REF. 2131820012010009SUP

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2008299 2010311 LAZALA, GLADYS 02/03/1950 ZT39863D R1866346
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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213168 | 1 | T1020 | | 10/06/12 | 10/06/12 | 7.00 | 118.16 |
| 213168 | 2 | T1020 | | 10/07/12 | 10/07/12 | 7.00 | 118.16 |
| 213168 | 3 | T1020 | | 10/08/12 | 10/08/12 | 7.00 | 118.16 |
| 213168 | 4 | T1020 | | 10/09/12 | 10/09/12 | 7.00 | 118.16 |
| 213168 | 5 | T1020 | | 10/10/12 | 10/10/12 | 7.00 | 118.16 |
| 213168 | 6 | T1020 | | 10/11/12 | 10/11/12 | 7.00 | 118.16 |
| 213168 | 7 | T1020 | | 10/12/12 | 10/12/12 | 7.00 | 118.16 |
| CLAIM TOTAL | | | | | | | 827.12 |
| CLAIM ACCOUNT REF. | | | | | | | 2131680012010311SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010758 2010758 VASQUEZ, OLGA 11/20/1948 WU00136E R1906129
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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213181 | 1 | T1019 | | 10/06/12 | 10/06/12 | 20.00 | 84.40 |
| 213181 | 2 | T1019 | | 10/07/12 | 10/07/12 | 20.00 | 84.40 |
| 213181 | 3 | T1019 | | 10/11/12 | 10/11/12 | 20.00 | 84.40 |
| 213181 | 4 | T1019 | | 10/12/12 | 10/12/12 | 20.00 | 84.40 |
| CLAIM TOTAL | | | | | | | 337.60 |
| CLAIM ACCOUNT REF. | | | | | | | 2131810012010758SUP |

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 |
|--------------------|--------|----------------|------------|----------|----------|-------|---------------------|
| 213167 | 1 | T1019 | | 10/06/12 | 10/06/12 | 32.00 | 135.04 |
| 213167 | 2 | T1019 | | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213167 | 3 | T1019 | | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213167 | 4 | T1019 | | 10/11/12 | 10/11/12 | 32.00 | 135.04 |
| 213167 | 5 | T1019 | | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | | 675.20 |
| CLAIM ACCOUNT REF. | | | | | | | 2131670012010967SUP |

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 |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213159 | 1 | T1019 | | 10/06/12 | 10/06/12 | 40.00 | 168.80 |
| 213159 | 2 | T1019 | | 10/07/12 | 10/07/12 | 40.00 | 168.80 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213159 | 3 | T1019 | | 10/08/12 | 10/08/12 | 40.00 | 168.80 |
| 213159 | 4 | T1019 | | 10/09/12 | 10/09/12 | 36.00 | 151.92 |
| 213159 | 5 | T1019 | | 10/10/12 | 10/10/12 | 40.00 | 168.80 |
| 213159 | 6 | T1019 | | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| 213159 | 7 | T1019 | | 10/12/12 | 10/12/12 | 40.00 | 168.80 |
| CLAIM TOTAL | | | | | | | 1,164.72 |
| | | | | | | | CLAIM ACCOUNT REF. 2131590012011058SUP |

| 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 |
|-------------|--------|----------------|------------|----------|----------|-------|--|
| 213172 | 1 | T1020 | | 10/07/12 | 10/07/12 | 12.00 | 202.56 |
| 213172 | 2 | T1020 | | 10/08/12 | 10/08/12 | 12.00 | 202.56 |
| 213172 | 3 | T1020 | | 10/09/12 | 10/09/12 | 12.00 | 202.56 |
| 213172 | 4 | T1020 | | 10/10/12 | 10/10/12 | 24.00 | 405.12 |
| CLAIM TOTAL | | | | | | | 1,012.80 |
| | | | | | | | CLAIM ACCOUNT REF. 2131720012011388SUP |

| | | | | | |
|---------------|------------------|---------------|-----|----------------------|-----------|
| PAYER TOTALS: | HEALTHFIRST PHSP | # OF CLAIMS = | 185 | TOTAL CLAIM AMOUNT = | 20,441.68 |
| | | # SERVICES = | 31 | | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 607641299
DIAGNOSIS CODES: 250.00 428.0 724.00 724.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213211 | 1 | T1019 | | 10/06/12 | 10/06/12 | 40.00 | 171.60 |
| 213211 | 2 | T1019 | | 10/07/12 | 10/07/12 | 40.00 | 171.60 |
| 213211 | 3 | T1019 | | 10/08/12 | 10/08/12 | 40.00 | 171.60 |
| 213211 | 4 | T1019 | | 10/09/12 | 10/09/12 | 40.00 | 171.60 |
| 213211 | 5 | T1019 | | 10/10/12 | 10/10/12 | 40.00 | 171.60 |
| 213211 | 6 | T1019 | | 10/11/12 | 10/11/12 | 40.00 | 171.60 |
| 213211 | 7 | T1019 | | 10/12/12 | 10/12/12 | 40.00 | 171.60 |
| CLAIM TOTAL | | | | | | 1,201.20 | CLAIM ACCOUNT REF. 2132110012008245SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 608047620
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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213212 | 1 | T1019 | | 10/06/12 | 10/06/12 | 16.00 | 68.64 |
| 213212 | 2 | T1019 | | 10/07/12 | 10/07/12 | 16.00 | 68.64 |
| 213212 | 3 | T1019 | | 10/08/12 | 10/08/12 | 36.00 | 154.44 |
| 213212 | 4 | T1019 | | 10/09/12 | 10/09/12 | 36.00 | 154.44 |
| 213212 | 5 | T1019 | | 10/10/12 | 10/10/12 | 36.00 | 154.44 |
| 213212 | 6 | T1019 | | 10/11/12 | 10/11/12 | 36.00 | 154.44 |
| 213212 | 7 | T1019 | | 10/12/12 | 10/12/12 | 36.00 | 154.44 |
| CLAIM TOTAL | | | | | | 909.48 | CLAIM ACCOUNT REF. 2132120012008287SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 607678036
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213214 | 1 | T1019 | | 10/01/12 | 10/01/12 | 32.00 | 137.28 |
| 213214 | 2 | T1019 | | 10/02/12 | 10/02/12 | 32.00 | 137.28 |
| 213214 | 3 | T1019 | | 10/03/12 | 10/03/12 | 32.00 | 137.28 |
| 213214 | 4 | T1019 | | 10/04/12 | 10/04/12 | 32.00 | 137.28 |
| 213214 | 5 | T1019 | | 10/05/12 | 10/05/12 | 32.00 | 137.28 |
| CLAIM TOTAL | | | | | | 686.40 | CLAIM ACCOUNT REF. 2132140012008401SUP |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2010774 2010774 PAUL, PUTUL 10/10/1956 101218709 6083933452
DIAGNOSIS CODES: 959.6 245.9 401.9 733.09

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT | |
|--------|--------|----------------|------------|----------|-------------|--------|--------|--|
| 213213 | 1 | T1019 | | 10/08/12 | 10/08/12 | 12.00 | 51.48 | |
| 213213 | 2 | T1019 | | 10/10/12 | 10/10/12 | 16.00 | 68.64 | |
| | | | | | CLAIM TOTAL | 120.12 | | CLAIM ACCOUNT REF. 2132130012010774SUP |

PAYER TOTALS: UNITEDHEALTHCARE # OF CLAIMS = 21 TOTAL CLAIM AMOUNT = 2,917.20
SERVICES = 4

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

PAGE: 36

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 |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213253 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 40.00 | 168.80 |
| 213253 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 40.00 | 168.80 |
| 213253 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213253 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 32.00 | 135.04 |
| 213253 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213253 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 40.00 | 168.80 |
| 213253 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | 1,063.44 | CLAIM ACCOUNT REF. 2132530012008266SUP |

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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213256 | 1 | S5130 | 0582 | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213256 | 2 | S5130 | 0582 | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 135.04 | CLAIM ACCOUNT REF. 2132560012009279SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2009647 2009647 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 |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213251 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 32.00 | 135.04 |
| 213251 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 36.00 | 151.92 |
| 213251 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 32.00 | 135.04 |
| 213251 | 4 | T1019 | 0580 | 10/11/12 | 10/11/12 | 36.00 | 151.92 |
| 213251 | 5 | T1019 | 0580 | 10/12/12 | 10/12/12 | 32.00 | 135.04 |
| CLAIM TOTAL | | | | | | 708.96 | CLAIM ACCOUNT REF. 2132510012009647SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010003 2010724 DENNISON, KELVIN * 09/23/1991 6944796 103006820
DIAGNOSIS CODES: 799.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|--------|--------|----------------|------------|----------|----------|-------|--------|
| 213249 | 1 | T1019 | 0580 | 09/27/12 | 09/27/12 | 24.00 | 101.28 |
| 213249 | 2 | T1019 | 0580 | 10/08/12 | 10/08/12 | 24.00 | 101.28 |
| 213249 | 3 | T1019 | 0580 | 10/09/12 | 10/09/12 | 24.00 | 101.28 |
| 213249 | 4 | T1019 | 0580 | 10/10/12 | 10/10/12 | 24.00 | 101.28 |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213249 | 5 | T1019 | 0580 | 10/11/12 | 10/11/12 | 24.00 | 101.28 |
| 213249 | 6 | T1019 | 0580 | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 573.92 |

CLAIM ACCOUNT REF. 2132490012010724SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213258 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 16.00 | 67.52 |
| 213258 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 16.00 | 67.52 |
| 213258 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 8.00 | 33.76 |
| 213258 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 8.00 | 33.76 |
| 213258 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 8.00 | 33.76 |
| 213258 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 8.00 | 33.76 |
| 213258 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 8.00 | 33.76 |
| CLAIM TOTAL | | | | | | | 303.84 |

CLAIM ACCOUNT REF. 2132580012010728SUP

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 |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213257 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 20.00 | 84.40 |
| 213257 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 20.00 | 84.40 |
| 213257 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 12.00 | 50.64 |
| 213257 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 12.00 | 50.64 |
| 213257 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 12.00 | 50.64 |
| 213257 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 12.00 | 50.64 |
| 213257 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 12.00 | 50.64 |
| CLAIM TOTAL | | | | | | | 422.00 |

CLAIM ACCOUNT REF. 2132570012010729SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2010389 2010730 ESPERSON, CLAUDE 04/28/1971 006900634 HP0003722
DIAGNOSIS CODES: 340. 453.40

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|-------|--------|
| 213250 | 1 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213250 | 2 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | | 135.04 |

CLAIM ACCOUNT REF. 2132500012010730SUP

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NPI = 1154407492

PRIOR AUTHORIZATION #
103201397

CLAIM ACCOUNT REF. 2132540012010731SUP

PRIOR AUTHORIZATION #
103212745

CLAIM ACCOUNT REF. 2132550012011238SUP

PRIOR AUTHORIZATION #
103155061

CLAIM ACCOUNT REF. 2132520012011322SUP

| | | | | | |
|---------------|-------------------------|---------------|----|----------------------|----------|
| PAYER TOTALS: | AMERIGROUP NEW YORK,LLC | # OF CLAIMS = | 51 | TOTAL CLAIM AMOUNT = | 4,405.68 |
| | | # SERVICES = | 10 | | |

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 |
|--------------------|--------|-----------|------|---------|----|----------|----------|-------|---------------------|
| 213262 | 1 | T1019 | 1C | 0570 | | 10/04/12 | 10/04/12 | 4.00 | 63.60 |
| 213262 | 2 | T1019 | 1C | 0570 | | 10/08/12 | 10/08/12 | 4.00 | 63.60 |
| 213262 | 3 | T1019 | 1C | 0570 | | 10/09/12 | 10/09/12 | 4.00 | 63.60 |
| 213262 | 4 | T1019 | 1C | 0570 | | 10/10/12 | 10/10/12 | 4.00 | 63.60 |
| 213262 | 5 | T1019 | 1C | 0570 | | 10/11/12 | 10/11/12 | 4.00 | 63.60 |
| 213262 | 6 | T1019 | 1C | 0570 | | 10/12/12 | 10/12/12 | 4.00 | 63.60 |
| CLAIM TOTAL | | | | | | | | | 381.60 |
| CLAIM ACCOUNT REF. | | | | | | | | | 2132620012011453SUP |

PAYER TOTALS: ICS # OF CLAIMS = 6 TOTAL CLAIM AMOUNT = 381.60
SERVICES = 1

REPORT DATE 10/17/12 SUNNYSIDE CITYWIDE
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002012101702101695RRSUP

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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 2012091792600005
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|----------|--|
| 213259 | 1 | T1019 | 0580 | 10/06/12 | 10/06/12 | 36.00 | 151.92 |
| 213259 | 2 | T1019 | 0580 | 10/07/12 | 10/07/12 | 36.00 | 151.92 |
| 213259 | 3 | T1019 | 0580 | 10/08/12 | 10/08/12 | 36.00 | 151.92 |
| 213259 | 4 | T1019 | 0580 | 10/09/12 | 10/09/12 | 36.00 | 151.92 |
| 213259 | 5 | T1019 | 0580 | 10/10/12 | 10/10/12 | 36.00 | 151.92 |
| 213259 | 6 | T1019 | 0580 | 10/11/12 | 10/11/12 | 36.00 | 151.92 |
| 213259 | 7 | T1019 | 0580 | 10/12/12 | 10/12/12 | 36.00 | 151.92 |
| CLAIM TOTAL | | | | | | 1,063.44 | CLAIM ACCOUNT REF. 2132590012010800SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2012091792600003
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213261 | 1 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213261 | 2 | T1019 | 0580 | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213261 | 3 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| 213261 | 4 | T1019 | 0580 | 10/12/12 | 10/12/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 270.08 | CLAIM ACCOUNT REF. 2132610012010804SUP |

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #
NY 001 2008228 2010805 TOWLES, ADA 12/10/1954 JZX17878Q01 2012091792600004
DIAGNOSIS CODES: 722.10 401.9 724.3 750.7 V61.9

| INV # | LINE # | PROCEDURE CODE | REVENUE CD | FROM DT | THRU DT | UNITS | AMOUNT |
|-------------|--------|----------------|------------|----------|----------|--------|--|
| 213260 | 1 | T1019 | 0580 | 10/08/12 | 10/08/12 | 16.00 | 67.52 |
| 213260 | 2 | T1019 | 0580 | 10/09/12 | 10/09/12 | 16.00 | 67.52 |
| 213260 | 3 | T1019 | 0580 | 10/10/12 | 10/10/12 | 16.00 | 67.52 |
| 213260 | 4 | T1019 | 0580 | 10/11/12 | 10/11/12 | 16.00 | 67.52 |
| CLAIM TOTAL | | | | | | 270.08 | CLAIM ACCOUNT REF. 2132600012010805SUP |

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

PROVIDER TOTALS: SUNNYSIDE CITYWIDE # OF CLAIMS = 634 TOTAL CLAIM AMOUNT = 74,924.87
SERVICES = 110