

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 06/15/13 741244251 111891261  
DIAGNOSIS CODES: 343.9 737.9 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247991	1	T1020		06/15/13	06/15/13	11.00	185.57
247991	2	T1020		06/17/13	06/17/13	6.00	101.22
247991	3	T1020		06/18/13	06/18/13	6.00	101.22
247991	4	T1020		06/19/13	06/19/13	6.00	101.22
247991	5	T1020		06/20/13	06/20/13	6.00	101.22
247991	6	T1020		06/21/13	06/21/13	6.00	101.22
CLAIM TOTAL							691.67
CLAIM ACCOUNT REF.							2479910012008267SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247988	1	T1020		06/15/13	06/15/13	9.00	151.83
247988	2	T1020		06/16/13	06/16/13	9.00	151.83
247988	3	T1020		06/17/13	06/17/13	9.00	151.83
247988	4	T1020		06/18/13	06/18/13	9.00	151.83
247988	5	T1020		06/19/13	06/19/13	9.00	151.83
247988	6	T1020		06/20/13	06/20/13	9.00	151.83
247988	7	T1020		06/21/13	06/21/13	9.00	151.83
CLAIM TOTAL							1,062.81
CLAIM ACCOUNT REF.							2479880012008268SUP

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
247985	1	T1020		06/15/13	06/15/13	7.00	118.09
247985	2	T1020		06/18/13	06/18/13	7.00	118.09
247985	3	T1020		06/19/13	06/19/13	7.00	118.09
247985	4	T1020		06/20/13	06/20/13	7.00	118.09
247985	5	T1020		06/21/13	06/21/13	7.00	118.09
CLAIM TOTAL							590.45
CLAIM ACCOUNT REF.							2479850012008306SUP

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247983	1	T1020		06/15/13	06/15/13	7.00	118.09
247983	2	T1020		06/16/13	06/16/13	7.00	118.09
247983	3	T1020		06/17/13	06/17/13	7.00	118.09
247983	4	T1020		06/18/13	06/18/13	7.00	118.09
247983	5	T1020		06/19/13	06/19/13	7.00	118.09
247983	6	T1020		06/20/13	06/20/13	7.00	118.09
247983	7	T1020		06/21/13	06/21/13	7.00	118.09
CLAIM TOTAL							826.63
CLAIM ACCOUNT REF.							2479830012008386SUP

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
247990	1	T1020		06/18/13	06/18/13	8.00	134.96
247990	2	T1020		06/19/13	06/19/13	9.00	151.83
247990	3	T1020		06/20/13	06/20/13	5.00	84.35
247990	4	T1020		06/21/13	06/21/13	8.00	134.96
CLAIM TOTAL							506.10
CLAIM ACCOUNT REF.							2479900012008400SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247986	1	T1020		06/15/13	06/15/13	4.00	67.48
247986	2	T1020		06/17/13	06/17/13	5.00	84.35
247986	3	T1020		06/18/13	06/18/13	5.00	84.35
247986	4	T1020		06/19/13	06/19/13	4.00	67.48
247986	5	T1020		06/20/13	06/20/13	5.00	84.35
247986	6	T1020		06/21/13	06/21/13	4.00	67.48
CLAIM TOTAL							455.49
CLAIM ACCOUNT REF.							2479860012010712SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010777 2013021 ORTIZ, EDUARDO 03/20/1938 741929877 130932078  
DIAGNOSIS CODES: 715.00 250.00 253.5 733.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247987	1	T1020		06/17/13	06/17/13	7.00	118.09

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247987	2	T1020		06/18/13	06/18/13	7.00	118.09	
247987	3	T1020		06/19/13	06/19/13	7.00	118.09	
247987	4	T1020		06/20/13	06/20/13	7.00	118.09	
247987	5	T1020		06/21/13	06/21/13	7.00	118.09	
					CLAIM TOTAL		590.45	CLAIM ACCOUNT REF. 2479870012013021SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247989	1	T1020		06/15/13	06/15/13	12.00	202.44	
247989	2	T1020		06/16/13	06/16/13	12.00	202.44	
247989	3	T1020		06/17/13	06/17/13	12.00	202.44	
247989	4	T1020		06/18/13	06/18/13	12.00	202.44	
247989	5	T1020		06/19/13	06/19/13	12.00	202.44	
247989	6	T1020		06/21/13	06/21/13	12.00	202.44	
					CLAIM TOTAL		1,214.64	CLAIM ACCOUNT REF. 2479890012013080SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2013405	2013405	ARJONA, ANA	09/02/1952	74244158200	131491737
DIAGNOSIS	CODES:	747.81	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247982	1	T1020		06/17/13	06/17/13	5.00	84.35	
247982	2	T1020		06/18/13	06/18/13	5.00	84.35	
247982	3	T1020		06/19/13	06/19/13	5.00	84.35	
247982	4	T1020		06/20/13	06/20/13	5.00	84.35	
247982	5	T1020		06/21/13	06/21/13	5.00	84.35	
					CLAIM TOTAL		421.75	CLAIM ACCOUNT REF. 2479820012013405SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247984	1	T1020		06/15/13	06/15/13	12.00	202.44	
247984	2	T1020		06/16/13	06/16/13	12.00	202.44	
247984	3	T1020		06/17/13	06/17/13	12.00	202.44	
247984	4	T1020		06/18/13	06/18/13	12.00	202.44	
247984	5	T1020		06/19/13	06/19/13	12.00	202.44	
					CLAIM TOTAL		1,012.20	CLAIM ACCOUNT REF. 2479840012013422SUP

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

PAYER TOTALS:	FIDELIS CARE NY	# OF CLAIMS =	56	TOTAL CLAIM AMOUNT =	7,372.19
		# SERVICES =	10		

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

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008233    2008233    ARIAS, NORA                      03/31/1981    RB08739R                      0101231390513  
DIAGNOSIS CODES:    356.9        348.2        401.9        733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248014	1	T1019		06/15/13	06/15/13	4.00	68.60
248014	2	T1019		06/16/13	06/16/13	4.00	68.60
248014	3	T1019		06/17/13	06/17/13	12.00	205.80
248014	4	T1019		06/18/13	06/18/13	12.00	205.80
248014	5	T1019		06/19/13	06/19/13	12.00	205.80
248014	6	T1019		06/20/13	06/20/13	12.00	205.80
248014	7	T1019		06/21/13	06/21/13	12.00	205.80
CLAIM TOTAL						1,166.20	CLAIM ACCOUNT REF.    2480140012008233SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248021	1	T1019		06/15/13	06/15/13	8.00	137.20
248021	2	T1019		06/16/13	06/16/13	8.00	137.20
248021	3	T1019		06/17/13	06/17/13	11.00	188.65
248021	4	T1019		06/18/13	06/18/13	11.00	188.65
248021	5	T1019		06/19/13	06/19/13	11.00	188.65
248021	6	T1019		06/20/13	06/20/13	11.00	188.65
CLAIM TOTAL						1,029.00	CLAIM ACCOUNT REF.    2480210012008236SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248019	1	T1019		06/17/13	06/17/13	10.00	171.50
248019	2	T1019		06/18/13	06/18/13	10.00	171.50
248019	3	T1019		06/19/13	06/19/13	10.00	171.50
248019	4	T1019		06/21/13	06/21/13	9.00	154.35
CLAIM TOTAL						668.85	CLAIM ACCOUNT REF.    2480190012008385SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008417    2008417    GALAS, TERESA                      06/08/1955    ZX91437V                      0102111390699  
DIAGNOSIS CODES:    345.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248017	1	T1019		06/15/13	06/15/13	5.00	85.75

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248017	2	T1019		06/16/13	06/16/13	5.00	85.75
248017	3	T1019		06/17/13	06/17/13	5.00	85.75
CLAIM TOTAL							257.25
CLAIM ACCOUNT REF.							2480170012008417SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #		
NY 001	2008418	2008418	RYALS, CHARLES	11/03/1950	ZZ49620T	0104191390258		
DIAGNOSIS	CODES:	401.9	250.00	272.0	278.00	295.00	311.	780.57

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248023	1	T1019		06/17/13	06/17/13	8.00	137.20
248023	2	T1019		06/18/13	06/18/13	8.00	137.20
248023	3	T1019		06/19/13	06/19/13	8.00	137.20
248023	4	T1019		06/20/13	06/20/13	8.00	137.20
248023	5	T1019		06/21/13	06/21/13	8.00	137.20
CLAIM TOTAL							686.00
CLAIM ACCOUNT REF.							2480230012008418SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #	
NY 001	2008743	2008743	CORDERO, ROSENDO	08/26/1926	QM62108S	0101231390317	
DIAGNOSIS	CODES:	492.0	272.0	401.9	715.00	788.30	

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248015	1	T1019		06/17/13	06/17/13	10.00	171.50
248015	2	T1019		06/18/13	06/18/13	10.00	171.50
248015	3	T1019		06/19/13	06/19/13	10.00	171.50
248015	4	T1019		06/20/13	06/20/13	10.00	171.50
248015	5	T1019		06/21/13	06/21/13	10.00	171.50
CLAIM TOTAL							857.50
CLAIM ACCOUNT REF.							2480150012008743SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2009377	2009377	SANTORO, MATTHEW	08/20/1949	SP38021Q	0102071390382
DIAGNOSIS	CODES:	299.01	453.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248024	1	T1019		06/10/13	06/10/13	5.00	85.75
248024	2	T1019		06/11/13	06/11/13	5.00	85.75
248024	3	T1019		06/12/13	06/12/13	5.00	85.75
248024	4	T1019		06/13/13	06/13/13	5.00	85.75
248024	5	T1019		06/14/13	06/14/13	5.00	85.75
248024	6	T1019		06/17/13	06/17/13	5.00	85.75
248024	7	T1019		06/18/13	06/18/13	5.00	85.75
248024	8	T1019		06/19/13	06/19/13	5.00	85.75
248024	9	T1019		06/20/13	06/20/13	5.00	85.75
248024	10	T1019		06/21/13	06/21/13	5.00	85.75

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
						CLAIM TOTAL	857.50	2480240012009377SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008235	2009688	RAMPERSAID, ALISSA	08/04/1992	SZ46585R	0112191290237
DIAGNOSIS CODES: 319.                      315.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248022	1	T1019		06/15/13	06/15/13	8.00	137.20	
248022	2	T1019		06/19/13	06/19/13	3.00	51.45	
248022	3	T1019		06/20/13	06/20/13	3.00	51.45	
248022	4	T1019		06/21/13	06/21/13	4.00	68.60	
						CLAIM TOTAL	308.70	2480220012009688SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008279	2010213	VALLE, BLASINA	02/03/1929	QG00558G	0102041390418
DIAGNOSIS CODES: 428.0                      244.9                      272.4                      331.0                      537.9                      746.85							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248026	1	T1019		06/15/13	06/15/13	5.00	85.75	
248026	2	T1019		06/16/13	06/16/13	5.00	85.75	
248026	3	T1019		06/17/13	06/17/13	6.00	102.90	
248026	4	T1019		06/18/13	06/18/13	5.00	85.75	
248026	5	T1019		06/19/13	06/19/13	5.00	85.75	
248026	6	T1019		06/20/13	06/20/13	5.00	85.75	
248026	7	T1019		06/21/13	06/21/13	6.00	102.90	
						CLAIM TOTAL	634.55	2480260012010213SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248020	1	T1019		06/17/13	06/17/13	3.00	51.45	
248020	2	T1019		06/18/13	06/18/13	3.00	51.45	
248020	3	T1019		06/19/13	06/19/13	3.00	51.45	
248020	4	T1019		06/20/13	06/20/13	3.00	51.45	
248020	5	T1019		06/21/13	06/21/13	3.00	51.45	
						CLAIM TOTAL	257.25	2480200012010886SUP

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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                      0105141390497  
DIAGNOSIS CODES:    295.90    369.10    401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248016	1	T1019		06/15/13	06/15/13	24.00	411.60
248016	2	T1019		06/16/13	06/16/13	24.00	411.60
248016	3	T1019		06/17/13	06/17/13	24.00	411.60
248016	4	T1019		06/18/13	06/18/13	24.00	411.60
248016	5	T1019		06/19/13	06/19/13	24.00	411.60
248016	6	T1019		06/20/13	06/20/13	24.00	411.60
248016	7	T1019		06/21/13	06/21/13	24.00	411.60
CLAIM TOTAL						2,881.20	CLAIM ACCOUNT REF.    2480160012011286SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008280    2013071    SHUMON, NUK-FNU                      01/21/1981    QQ82218A                      0103151390266  
DIAGNOSIS CODES:    952.9    344.1    564.00    599.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248025	1	T1019		06/15/13	06/15/13	4.00	68.60
248025	2	T1019		06/16/13	06/16/13	4.00	68.60
248025	3	T1019		06/17/13	06/17/13	4.00	68.60
248025	4	T1019		06/18/13	06/18/13	4.00	68.60
248025	5	T1019		06/19/13	06/19/13	4.00	68.60
248025	6	T1019		06/20/13	06/20/13	4.00	68.60
248025	7	T1019		06/21/13	06/21/13	4.00	68.60
CLAIM TOTAL						480.20	CLAIM ACCOUNT REF.    2480250012013071SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248018	1	T1019		06/15/13	06/15/13	8.00	137.20
248018	2	T1019		06/16/13	06/16/13	8.00	137.20
248018	3	T1019		06/18/13	06/18/13	8.00	137.20
248018	4	T1019		06/19/13	06/19/13	8.00	137.20
248018	5	T1019		06/20/13	06/20/13	8.00	137.20
248018	6	T1019		06/21/13	06/21/13	8.00	137.20
CLAIM TOTAL						823.20	CLAIM ACCOUNT REF.    2480180012013185SUP



REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 13265                      METROPLUS HEALTH PLAN

PAYER TOTALS:	METROPLUS HEALTH PLAN	# OF CLAIMS =	76	TOTAL CLAIM AMOUNT =	10,907.40
		# SERVICES =	13		

REPORT DATE 06/26/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 111771985  
DIAGNOSIS CODES: 250.00 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248055	1	T1019		06/15/13	06/15/13	36.00	154.80
248055	2	T1019		06/16/13	06/16/13	36.00	154.80
248055	3	T1019		06/17/13	06/17/13	36.00	154.80
248055	4	T1019		06/18/13	06/18/13	36.00	154.80
248055	5	T1019		06/19/13	06/19/13	36.00	154.80
248055	6	T1019		06/20/13	06/20/13	36.00	154.80
248055	7	T1019		06/21/13	06/21/13	36.00	154.80
CLAIM TOTAL						1,083.60	CLAIM ACCOUNT REF. 2480550012008286SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008495 2008495 MARTINEZ, MARIA 09/05/1952 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
248042	1	T1019		06/15/13	06/15/13	24.00	103.20
248042	2	T1019		06/16/13	06/16/13	24.00	103.20
248042	3	T1019		06/17/13	06/17/13	24.00	103.20
248042	4	T1019		06/18/13	06/18/13	24.00	103.20
248042	5	T1019		06/19/13	06/19/13	24.00	103.20
248042	6	T1019		06/20/13	06/20/13	24.00	103.20
248042	7	T1019		06/21/13	06/21/13	24.00	103.20
CLAIM TOTAL						722.40	CLAIM ACCOUNT REF. 2480420012008495SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012101 2012101 BATILO, MARTA 02/23/1917 708125 111757464  
DIAGNOSIS CODES: 715.00 272.2 285.29 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248028	1	T1019		06/15/13	06/15/13	28.00	120.40
248028	2	T1019		06/16/13	06/16/13	28.00	120.40
248028	3	T1019		06/17/13	06/17/13	27.00	116.10
248028	4	T1019		06/18/13	06/18/13	28.00	120.40
248028	5	T1019		06/19/13	06/19/13	28.00	120.40
248028	6	T1019		06/20/13	06/20/13	28.00	120.40
248028	7	T1019		06/21/13	06/21/13	28.00	120.40
CLAIM TOTAL						838.50	CLAIM ACCOUNT REF. 2480280012012101SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012102 2012102 BISRAM, ROOPKALIA 01/03/1938 708029 111645476  
DIAGNOSIS CODES: 401.9 272.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248029	1	T1019		06/17/13	06/17/13	16.00	68.80
248029	2	T1019		06/18/13	06/18/13	16.00	68.80
248029	3	T1019		06/19/13	06/19/13	16.00	68.80
248029	4	T1019		06/20/13	06/20/13	16.00	68.80
248029	5	T1019		06/21/13	06/21/13	16.00	68.80
CLAIM TOTAL							344.00
CLAIM ACCOUNT REF.							2480290012012102SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012104 2012104 CEBALLOS, FRANCISCA 11/10/1931 744474 111627893  
DIAGNOSIS CODES: 294.20 093.9 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248030	1	T1019		06/15/13	06/15/13	40.00	172.00
248030	2	T1019		06/16/13	06/16/13	40.00	172.00
248030	3	T1019		06/17/13	06/17/13	40.00	172.00
248030	4	T1019		06/18/13	06/18/13	40.00	172.00
248030	5	T1019		06/19/13	06/19/13	40.00	172.00
248030	6	T1019		06/20/13	06/20/13	40.00	172.00
248030	7	T1019		06/21/13	06/21/13	40.00	172.00
CLAIM TOTAL							1,204.00
CLAIM ACCOUNT REF.							2480300012012104SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012107 2012107 CRUZ, LUIS 06/10/1952 706307 111855969  
DIAGNOSIS CODES: 250.93 414.3 428.0 491.21

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248032	1	T1019		06/15/13	06/15/13	32.00	137.60
248032	2	T1019		06/16/13	06/16/13	32.00	137.60
248032	3	T1019		06/17/13	06/17/13	32.00	137.60
248032	4	T1019		06/18/13	06/18/13	32.00	137.60
248032	5	T1019		06/19/13	06/19/13	32.00	137.60
248032	6	T1019		06/20/13	06/20/13	32.00	137.60
248032	7	T1019		06/21/13	06/21/13	32.00	137.60
CLAIM TOTAL							963.20
CLAIM ACCOUNT REF.							2480320012012107SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012108 2012108 GODINOT, CARMEN 07/16/1939 695752 111626854  
DIAGNOSIS CODES: 369.3 250.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248034	1	T1019		06/17/13	06/17/13	24.00	103.20
248034	2	T1019		06/18/13	06/18/13	24.00	103.20
248034	3	T1019		06/19/13	06/19/13	24.00	103.20
248034	4	T1019		06/20/13	06/20/13	24.00	103.20
248034	5	T1019		06/21/13	06/21/13	24.00	103.20
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2480340012012108SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012110 2012110 GOMEZ, RANNIE 09/11/1917 698802 111644524  
DIAGNOSIS CODES: 401.9 272.2 365.9 428.0 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248035	1	T1019		06/17/13	06/17/13	28.00	120.40
248035	2	T1019		06/18/13	06/18/13	28.00	120.40
248035	3	T1019		06/19/13	06/19/13	28.00	120.40
248035	4	T1019		06/20/13	06/20/13	28.00	120.40
248035	5	T1019		06/21/13	06/21/13	28.00	120.40
CLAIM TOTAL							602.00

CLAIM ACCOUNT REF. 2480350012012110SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012117 2012117 HAYNES, LAMONT 08/22/1920 695748 111817638  
DIAGNOSIS CODES: 428.0 250.00 401.9 600.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248036	1	T1019		06/15/13	06/15/13	20.00	86.00
248036	2	T1019		06/16/13	06/16/13	20.00	86.00
248036	3	T1019		06/17/13	06/17/13	16.00	68.80
248036	4	T1019		06/18/13	06/18/13	16.00	68.80
248036	5	T1019		06/19/13	06/19/13	16.00	68.80
248036	6	T1019		06/20/13	06/20/13	16.00	68.80
248036	7	T1019		06/21/13	06/21/13	16.00	68.80
CLAIM TOTAL							516.00

CLAIM ACCOUNT REF. 2480360012012117SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012120 2012120 LOPEZ, ISABEL 12/24/1942 740574 111591487  
DIAGNOSIS CODES: 715.90 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248038	1	T1019		06/17/13	06/17/13	28.00	120.40

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248038	2	T1019		06/18/13	06/18/13	28.00	120.40	
248038	3	T1019		06/19/13	06/19/13	28.00	120.40	
248038	4	T1019		06/20/13	06/20/13	28.00	120.40	
248038	5	T1019		06/21/13	06/21/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2480380012012120SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248044	1	T1019		05/07/13	05/07/13	32.00	137.60	
248044	2	T1019		05/29/13	05/29/13	32.00	137.60	
					CLAIM TOTAL		275.20	CLAIM ACCOUNT REF. 2480440012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012121	2012122	MOHAMED, DENISE	06/14/1959	691722	111786776
DIAGNOSIS CODES: 715.98							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248045	1	T1019		06/15/13	06/15/13	32.00	137.60	
248045	2	T1019		06/16/13	06/16/13	32.00	137.60	
248045	3	T1019		06/17/13	06/17/13	32.00	137.60	
248045	4	T1019		06/18/13	06/18/13	32.00	137.60	
248045	5	T1019		06/19/13	06/19/13	32.00	137.60	
248045	6	T1019		06/20/13	06/20/13	32.00	137.60	
248045	7	T1019		06/21/13	06/21/13	32.00	137.60	
					CLAIM TOTAL		963.20	CLAIM ACCOUNT REF. 2480450012012121SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012122	2012122	MORALES, FRANCISCO	12/03/1935	744366	1115793538
DIAGNOSIS CODES: 250.00 272.4 401.9							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248046	1	T1019		06/15/13	06/15/13	20.00	86.00	
248046	2	T1019		06/16/13	06/16/13	20.00	86.00	
248046	3	T1019		06/17/13	06/17/13	20.00	86.00	
248046	4	T1019		06/18/13	06/18/13	20.00	86.00	
248046	5	T1019		06/19/13	06/19/13	20.00	86.00	
248046	6	T1019		06/20/13	06/20/13	20.00	86.00	
248046	7	T1019		06/21/13	06/21/13	20.00	86.00	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2480460012012122SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 14163                      WELLCARE OF NY

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012130 2012130 NAVARRO, ANTONIA 07/23/1945 710368 111623951  
DIAGNOSIS CODES: 493.92 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248048	1	T1019		06/01/13	06/01/13	20.00	86.00	
248048	2	T1019		06/15/13	06/15/13	20.00	86.00	
248048	3	T1019		06/16/13	06/16/13	20.00	86.00	
248048	4	T1019		06/17/13	06/17/13	28.00	120.40	
248048	5	T1019		06/18/13	06/18/13	28.00	120.40	
248048	6	T1019		06/19/13	06/19/13	28.00	120.40	
248048	7	T1019		06/20/13	06/20/13	28.00	120.40	
248048	8	T1019		06/21/13	06/21/13	28.00	120.40	
CLAIM TOTAL							860.00	CLAIM ACCOUNT REF. 2480480012012130SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012131 2012131 ORTIZ, JOSE 04/19/1925 691721 111894848  
DIAGNOSIS CODES: 250.00 401.9 414.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248050	1	T1019		06/17/13	06/17/13	16.00	68.80	
248050	2	T1019		06/21/13	06/21/13	16.00	68.80	
CLAIM TOTAL							137.60	CLAIM ACCOUNT REF. 2480500012012131SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012132 2012132 ORTIZ, DOLORES 06/30/1927 744365 111654437  
DIAGNOSIS CODES: 719.7 272.4 401.9 750.7

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248049	1	T1019		06/15/13	06/15/13	20.00	86.00	
248049	2	T1019		06/16/13	06/16/13	20.00	86.00	
248049	3	T1019		06/18/13	06/18/13	32.00	137.60	
248049	4	T1019		06/19/13	06/19/13	32.00	137.60	
248049	5	T1019		06/20/13	06/20/13	32.00	137.60	
248049	6	T1019		06/21/13	06/21/13	32.00	137.60	
CLAIM TOTAL							722.40	CLAIM ACCOUNT REF. 2480490012012132SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012134 2012134 SERRANO, CARMEN 09/14/1948 695740 111805504  
DIAGNOSIS CODES: 093.89 253.5 311. 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248063	1	T1019		06/17/13	06/17/13	28.00	120.40	
248063	2	T1019		06/18/13	06/18/13	28.00	120.40	

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248063	3	T1019		06/19/13	06/19/13	28.00	120.40	
248063	4	T1019		06/20/13	06/20/13	28.00	120.40	
248063	5	T1019		06/21/13	06/21/13	28.00	120.40	
					CLAIM TOTAL		602.00	CLAIM ACCOUNT REF. 2480630012012134SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012137	2012137	VAZQUEZ 1, ROSA	08/08/1934	695667	111807022
DIAGNOSIS	CODES:	715.90	244.9	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248065	1	T1019		06/17/13	06/17/13	32.00	137.60	
248065	2	T1019		06/18/13	06/18/13	32.00	137.60	
248065	3	T1019		06/19/13	06/19/13	32.00	137.60	
248065	4	T1019		06/20/13	06/20/13	32.00	137.60	
248065	5	T1019		06/21/13	06/21/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2480650012012137SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012138	2012138	VENTURA, CLARA	09/17/1951	720456	111733742
DIAGNOSIS	CODES:	253.5	401.9	429.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248066	1	T1019		06/17/13	06/17/13	16.00	68.80	
248066	2	T1019		06/18/13	06/18/13	16.00	68.80	
248066	3	T1019		06/19/13	06/19/13	16.00	68.80	
248066	4	T1019		06/20/13	06/20/13	16.00	68.80	
248066	5	T1019		06/21/13	06/21/13	16.00	68.80	
					CLAIM TOTAL		344.00	CLAIM ACCOUNT REF. 2480660012012138SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012140	2012140	PATRICK, IMAGENE	03/27/1930	737028	111597004
DIAGNOSIS	CODES:	294.10	153.9				

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248051	1	T1019		06/15/13	06/15/13	32.00	137.60	
248051	2	T1019		06/17/13	06/17/13	32.00	137.60	
248051	3	T1019		06/19/13	06/19/13	32.00	137.60	
248051	4	T1019		06/20/13	06/20/13	32.00	137.60	
248051	5	T1019		06/21/13	06/21/13	32.00	137.60	
					CLAIM TOTAL		688.00	CLAIM ACCOUNT REF. 2480510012012140SUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012141 2012141 SANTOS MARQUEZ, MARIA 07/16/1961 688801 111660656  
DIAGNOSIS CODES: 958.8 599.70 692.9 795.05

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248062	1	T1019		06/17/13	06/17/13	16.00	68.80
CLAIM TOTAL							68.80
CLAIM ACCOUNT REF.							2480620012012141SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012142 2012142 MEDINA, MARTHA 01/11/1944 697570 111623789  
DIAGNOSIS CODES: 135. 250.00 426.4 716.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248043	1	T1019		06/17/13	06/17/13	12.00	51.60
248043	2	T1019		06/18/13	06/18/13	12.00	51.60
248043	3	T1019		06/19/13	06/19/13	12.00	51.60
248043	4	T1019		06/20/13	06/20/13	12.00	51.60
248043	5	T1019		06/21/13	06/21/13	12.00	51.60
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2480430012012142SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012143 2012143 MURPHY, RUBY 04/13/1955 698832 111684344  
DIAGNOSIS CODES: 585.3 311. 401.9 493.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248047	1	T1019		06/17/13	06/17/13	16.00	68.80
248047	2	T1019		06/18/13	06/18/13	16.00	68.80
248047	3	T1019		06/20/13	06/20/13	16.00	68.80
248047	4	T1019		06/21/13	06/21/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2480470012012143SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012144 2012144 PEREZ, JULIO 01/27/1936 709538 111597155  
DIAGNOSIS CODES: 715.90 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248054	1	T1019		06/17/13	06/17/13	20.00	86.00
248054	2	T1019		06/19/13	06/19/13	20.00	86.00
248054	3	T1019		06/21/13	06/21/13	20.00	86.00
CLAIM TOTAL							258.00
CLAIM ACCOUNT REF.							2480540012012144SUP



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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012145 2012145 PERALTA RODRIGO, JOSE 03/13/1942 715488 111633843  
DIAGNOSIS CODES: 715.90 272.0 274.9 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248052	1	T1019		06/17/13	06/17/13	16.00	68.80
248052	2	T1019		06/18/13	06/18/13	16.00	68.80
248052	3	T1019		06/19/13	06/19/13	16.00	68.80
248052	4	T1019		06/20/13	06/20/13	16.00	68.80
CLAIM TOTAL							275.20
CLAIM ACCOUNT REF.							2480520012012145SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012146 2012146 PERALTA, INEZ 08/18/1942 715489 111633900  
DIAGNOSIS CODES: 250.00 272.4 278.00 401.9 244.9 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248053	1	T1019		06/18/13	06/18/13	16.00	68.80
248053	2	T1019		06/19/13	06/19/13	16.00	68.80
CLAIM TOTAL							137.60
CLAIM ACCOUNT REF.							2480530012012146SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012147 2012147 RAMOS, SILVIA 08/16/1957 707547 111551884  
DIAGNOSIS CODES: 724.2 253.5 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248056	1	T1019		06/17/13	06/17/13	20.00	86.00
248056	2	T1019		06/18/13	06/18/13	20.00	86.00
248056	3	T1019		06/19/13	06/19/13	20.00	86.00
248056	4	T1019		06/20/13	06/20/13	20.00	86.00
248056	5	T1019		06/21/13	06/21/13	20.00	86.00
CLAIM TOTAL							430.00
CLAIM ACCOUNT REF.							2480560012012147SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012149 2012149 REGLA, MARIA F 11/21/1933 691499 111829761  
DIAGNOSIS CODES: 250.00 715.09

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248057	1	T1019		06/15/13	06/15/13	32.00	137.60
248057	2	T1019		06/17/13	06/17/13	32.00	137.60
248057	3	T1019		06/18/13	06/18/13	32.00	137.60
248057	4	T1019		06/19/13	06/19/13	32.00	137.60
248057	5	T1019		06/20/13	06/20/13	32.00	137.60
248057	6	T1019		06/21/13	06/21/13	32.00	137.60
CLAIM TOTAL							825.60
CLAIM ACCOUNT REF.							2480570012012149SUP

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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 2012154 2012154 RODRIGUEZ, FRANKLIN 03/26/1989 697529 111632714  
DIAGNOSIS CODES: 319.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248059	1	T1019		06/08/13	06/08/13	24.00	103.20
248059	2	T1019		06/10/13	06/10/13	24.00	103.20
248059	3	T1019		06/11/13	06/11/13	24.00	103.20
248059	4	T1019		06/12/13	06/12/13	24.00	103.20
248059	5	T1019		06/13/13	06/13/13	24.00	103.20
248059	6	T1019		06/14/13	06/14/13	24.00	103.20
248059	7	T1019		06/15/13	06/15/13	24.00	103.20
248059	8	T1019		06/17/13	06/17/13	24.00	103.20
248059	9	T1019		06/18/13	06/18/13	24.00	103.20
248059	10	T1019		06/19/13	06/19/13	24.00	103.20
248059	11	T1019		06/20/13	06/20/13	24.00	103.20
248059	12	T1019		06/21/13	06/21/13	24.00	103.20
CLAIM TOTAL						1,238.40	CLAIM ACCOUNT REF. 2480590012012154SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012155 2012155 SANCHEZ, BETANIA 05/10/1956 706048 111688299  
DIAGNOSIS CODES: 555.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248061	1	T1019		06/15/13	06/15/13	20.00	86.00
248061	2	T1019		06/17/13	06/17/13	20.00	86.00
248061	3	T1019		06/18/13	06/18/13	20.00	86.00
248061	4	T1019		06/19/13	06/19/13	20.00	86.00
248061	5	T1019		06/20/13	06/20/13	20.00	86.00
248061	6	T1019		06/21/13	06/21/13	20.00	86.00
CLAIM TOTAL						516.00	CLAIM ACCOUNT REF. 2480610012012155SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012158 2012158 LOPEZ, MANUEL 02/25/1926 741094 111891649  
DIAGNOSIS CODES: 401.9 272.4 429.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248039	1	T1019		06/15/13	06/15/13	48.00	206.40
248039	2	T1019		06/16/13	06/16/13	48.00	206.40
248039	3	T1019		06/17/13	06/17/13	48.00	206.40
248039	4	T1019		06/18/13	06/18/13	48.00	206.40
248039	5	T1019		06/19/13	06/19/13	48.00	206.40
248039	6	T1019		06/20/13	06/20/13	48.00	206.40
248039	7	T1019		06/21/13	06/21/13	48.00	206.40

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PAYER ID = 14163                      WELLCARE OF NY

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
							1,444.80	2480390012012158SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012161	2012161	ALONSO, ANA	03/02/1943	739934	111560004

DIAGNOSIS CODES: 733.09 253.5 272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248027	1	T1019		06/15/13	06/15/13	20.00	86.00	
248027	2	T1019		06/16/13	06/16/13	20.00	86.00	
248027	3	T1019		06/17/13	06/17/13	20.00	86.00	
248027	4	T1019		06/18/13	06/18/13	20.00	86.00	
248027	5	T1019		06/19/13	06/19/13	20.00	86.00	
248027	6	T1019		06/20/13	06/20/13	20.00	86.00	
248027	7	T1019		06/21/13	06/21/13	20.00	86.00	
CLAIM TOTAL							602.00	2480270012012161SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012136	2012266	SOTO, RAFAEL B	03/08/1937	700573	111779429

DIAGNOSIS CODES: 715.09 250.00 272.2 401.9 428.0 530.81

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248064	1	T1019		06/15/13	06/15/13	36.00	154.80	
248064	2	T1019		06/16/13	06/16/13	32.00	137.60	
248064	3	T1019		06/17/13	06/17/13	36.00	154.80	
248064	4	T1019		06/18/13	06/18/13	32.00	137.60	
248064	5	T1019		06/19/13	06/19/13	36.00	154.80	
248064	6	T1019		06/20/13	06/20/13	36.00	154.80	
248064	7	T1019		06/21/13	06/21/13	36.00	154.80	
CLAIM TOTAL							1,049.20	2480640012012266SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012719	2012719	SANCHEZ FLORES, ADELAI	11/03/1944	761166	11671604

DIAGNOSIS CODES: 401.9 300.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	CLAIM ACCOUNT REF.
248060	1	T1019		06/17/13	06/17/13	16.00	68.80	
248060	2	T1019		06/19/13	06/19/13	16.00	68.80	
248060	3	T1019		06/21/13	06/21/13	16.00	68.80	
CLAIM TOTAL							206.40	2480600012012719SUP

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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 2012159 2012838 LOPEZ, VITALIA 08/01/1922 691723 111519695  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248040	1	T1019		03/26/13	03/26/13	4.00	17.20
CLAIM TOTAL							17.20
CLAIM ACCOUNT REF.							2480400012012838SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012159 2012948 LOPEZ, VITALIA 08/01/1922 691723 111822973  
DIAGNOSIS CODES: 331.0 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248041	1	T1019		06/15/13	06/15/13	48.00	206.40
248041	2	T1019		06/16/13	06/16/13	48.00	206.40
248041	3	T1019		06/17/13	06/17/13	48.00	206.40
248041	4	T1019		06/18/13	06/18/13	48.00	206.40
248041	5	T1019		06/19/13	06/19/13	48.00	206.40
248041	6	T1019		06/20/13	06/20/13	48.00	206.40
248041	7	T1019		06/21/13	06/21/13	48.00	206.40
CLAIM TOTAL							1,444.80
CLAIM ACCOUNT REF.							2480410012012948SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012952 2012952 FRANCISCO, BRIGIDA 08/20/1957 761853 111640168  
DIAGNOSIS CODES: 714.0 253.5

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248033	1	T1019		06/15/13	06/15/13	20.00	86.00
248033	2	T1019		06/16/13	06/16/13	20.00	86.00
248033	3	T1019		06/17/13	06/17/13	20.00	86.00
248033	4	T1019		06/18/13	06/18/13	20.00	86.00
248033	5	T1019		06/19/13	06/19/13	20.00	86.00
248033	6	T1019		06/20/13	06/20/13	20.00	86.00
248033	7	T1019		06/21/13	06/21/13	20.00	86.00
CLAIM TOTAL							602.00
CLAIM ACCOUNT REF.							2480330012012952SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012953 2012953 CHOUDHURY, MEHER A 08/16/1974 762773 111694030  
DIAGNOSIS CODES: 344.00 493.90 742.3

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248031	1	T1019		06/15/13	06/15/13	48.00	206.40
248031	2	T1019		06/16/13	06/16/13	48.00	206.40
248031	3	T1019		06/17/13	06/17/13	48.00	206.40

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PROVIDER ID = 113502051  
PAYER ID = 14163

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NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248031	4	T1019		06/18/13	06/18/13	48.00	206.40
248031	5	T1019		06/19/13	06/19/13	48.00	206.40
248031	6	T1019		06/20/13	06/20/13	48.00	206.40
248031	7	T1019		06/21/13	06/21/13	48.00	206.40
CLAIM TOTAL							1,444.80
							CLAIM ACCOUNT REF. 2480310012012953SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	1031950	2012979	HUDGINS, LOUZETTA	05/18/1944	761959	111697308
DIAGNOSIS CODES: 401.9 250.00 278.00 311.						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248037	1	T1019		06/15/13	06/15/13	20.00	86.00
248037	2	T1019		06/18/13	06/18/13	20.00	86.00
248037	3	T1019		06/20/13	06/20/13	20.00	86.00
248037	4	T1019		06/21/13	06/21/13	20.00	86.00
CLAIM TOTAL							344.00
							CLAIM ACCOUNT REF. 2480370012012979SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012984	2012984	YOUNG, MARY	11/04/1926	762776	111711486
DIAGNOSIS CODES: 342.82 244.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248067	1	T1019		06/15/13	06/15/13	32.00	137.60
248067	2	T1019		06/16/13	06/16/13	32.00	137.60
248067	3	T1019		06/17/13	06/17/13	32.00	137.60
248067	4	T1019		06/18/13	06/18/13	32.00	137.60
248067	5	T1019		06/19/13	06/19/13	32.00	137.60
248067	6	T1019		06/20/13	06/20/13	32.00	137.60
248067	7	T1019		06/21/13	06/21/13	32.00	137.60
CLAIM TOTAL							963.20
							CLAIM ACCOUNT REF. 2480670012012984SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2012152	2013395	REYES, TERESA	03/18/1941	697840	111628409
DIAGNOSIS CODES: 250.00 401.9						

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248058	1	T1019		06/15/13	06/15/13	32.00	137.60
248058	2	T1019		06/16/13	06/16/13	32.00	137.60
248058	3	T1019		06/17/13	06/17/13	32.00	137.60
248058	4	T1019		06/18/13	06/18/13	32.00	137.60
248058	5	T1019		06/19/13	06/19/13	32.00	137.60
248058	6	T1019		06/20/13	06/20/13	32.00	137.60
248058	7	T1019		06/21/13	06/21/13	32.00	137.60

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NPI = 1154407492

CLAIM ACCOUNT REF. 2480580012013395SUP

TOTAL CLAIM AMOUNT = 26,638.50

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

NPI = 1154407492

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248012	1	T1019	0580	06/17/13	06/17/13	40.00	168.80
248012	2	T1019	0580	06/18/13	06/18/13	40.00	168.80
248012	3	T1019	0580	06/19/13	06/19/13	40.00	168.80
248012	4	T1019	0580	06/20/13	06/20/13	40.00	168.80
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2480120012008491SUP

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
248013	1	T1019	0580	06/17/13	06/17/13	16.00	67.52
248013	2	T1019	0580	06/18/13	06/18/13	16.00	67.52
248013	3	T1019	0580	06/19/13	06/19/13	16.00	67.52
248013	4	T1019	0580	06/20/13	06/20/13	16.00	67.52
248013	5	T1019	0580	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							337.60
CLAIM ACCOUNT REF.							2480130012008513SUP

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
248007	1	T1019	0580	06/18/13	06/18/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2480070012008723SUP

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
247999	1	T1019	0580	06/15/13	06/15/13	48.00	202.56
247999	2	T1019	0580	06/16/13	06/16/13	48.00	202.56
247999	3	T1019	0580	06/17/13	06/17/13	48.00	202.56
247999	4	T1019	0580	06/18/13	06/18/13	48.00	202.56
247999	5	T1019	0580	06/19/13	06/19/13	48.00	202.56
247999	6	T1019	0580	06/20/13	06/20/13	48.00	202.56
247999	7	T1019	0580	06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2479990012008793SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER       ID = 55247                      HEALTH INSURANCE PLAN

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    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
248008	1	T1019	0580	06/15/13	06/15/13	32.00	135.04
248008	2	T1019	0580	06/16/13	06/16/13	32.00	135.04
248008	3	T1019	0580	06/17/13	06/17/13	32.00	135.04
248008	4	T1019	0580	06/19/13	06/19/13	32.00	135.04
248008	5	T1019	0580	06/20/13	06/20/13	32.00	135.04
248008	6	T1019	0580	06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2480080012009237SUP

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
248009	1	T1019	0580	06/15/13	06/15/13	16.00	67.52
CLAIM TOTAL							67.52
CLAIM ACCOUNT REF.							2480090012009406SUP

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
248010	1	T1019	0580	06/16/13	06/16/13	16.00	67.52
248010	2	T1019	0580	06/17/13	06/17/13	16.00	67.52
248010	3	T1019	0580	06/18/13	06/18/13	16.00	67.52
248010	4	T1019	0580	06/19/13	06/19/13	16.00	67.52
248010	5	T1019	0580	06/20/13	06/20/13	16.00	67.52
248010	6	T1019	0580	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							405.12
CLAIM ACCOUNT REF.							2480100012009406SUP

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
248011	1	T1019	0580	06/19/13	06/19/13	36.00	151.92
248011	2	T1019	0580	06/20/13	06/20/13	40.00	168.80
CLAIM TOTAL							320.72
CLAIM ACCOUNT REF.							2480110012009562SUP



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PAYER ID = 55247                      HEALTH INSURANCE PLAN

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
248001	1	T1019	0580	06/17/13	06/17/13	16.00	67.52
248001	2	T1019	0580	06/18/13	06/18/13	16.00	67.52
248001	3	T1019	0580	06/19/13	06/19/13	16.00	67.52
248001	4	T1019	0580	06/20/13	06/20/13	16.00	67.52
248001	5	T1019	0580	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2480010012009686SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248003	1	T1019	0580	06/15/13	06/15/13	28.00	118.16
248003	2	T1019	0580	06/16/13	06/16/13	28.00	118.16
248003	3	T1019	0580	06/17/13	06/17/13	28.00	118.16
248003	4	T1019	0580	06/18/13	06/18/13	28.00	118.16
248003	5	T1019	0580	06/19/13	06/19/13	28.00	118.16
248003	6	T1019	0580	06/20/13	06/20/13	28.00	118.16
248003	7	T1019	0580	06/21/13	06/21/13	28.00	118.16
CLAIM TOTAL							827.12

CLAIM ACCOUNT REF. 2480030012009945SUP

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
248002	1	T1019	0580	06/15/13	06/15/13	36.00	151.92
248002	2	T1019	0580	06/16/13	06/16/13	36.00	151.92
248002	3	T1019	0580	06/17/13	06/17/13	36.00	151.92
248002	4	T1019	0580	06/18/13	06/18/13	36.00	151.92
248002	5	T1019	0580	06/19/13	06/19/13	36.00	151.92
248002	6	T1019	0580	06/20/13	06/20/13	36.00	151.92
248002	7	T1019	0580	06/21/13	06/21/13	36.00	151.92
CLAIM TOTAL							1,063.44

CLAIM ACCOUNT REF. 2480020012010991SUP

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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 2008273 2011526 DE JESUS, TIBURCIO 08/11/1947 XX16524S 0006379371  
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
248000	1	T1019	0580	06/15/13	06/15/13	48.00	202.56
248000	2	T1019	0580	06/16/13	06/16/13	48.00	202.56
248000	3	T1019	0580	06/17/13	06/17/13	48.00	202.56
248000	4	T1019	0580	06/18/13	06/18/13	48.00	202.56
248000	5	T1019	0580	06/19/13	06/19/13	48.00	202.56
248000	6	T1019	0580	06/20/13	06/20/13	48.00	202.56
248000	7	T1019	0580	06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2480000012011526SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009467 2011833 KEATON, CATHERINE 08/30/1923 WC81742E 0004298435  
DIAGNOSIS CODES: 715.00 365.9 401.9 780.4 788.30

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248004	1	T1019	0580	06/15/13	06/15/13	48.00	202.56
248004	2	T1019	0580	06/16/13	06/16/13	48.00	202.56
248004	3	T1019	0580	06/17/13	06/17/13	44.00	185.68
248004	4	T1019	0580	06/18/13	06/18/13	48.00	202.56
248004	5	T1019	0580	06/19/13	06/19/13	48.00	202.56
248004	6	T1019	0580	06/20/13	06/20/13	48.00	202.56
CLAIM TOTAL							1,198.48
CLAIM ACCOUNT REF.							2480040012011833SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012541 2012541 LANGELOH, HOWARD 09/29/1923 16394107 0005921983  
DIAGNOSIS CODES: 715.90 250.00 272.4 401.9 493.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248005	1	T1019	0580	06/17/13	06/17/13	24.00	101.28
248005	2	T1019	0580	06/18/13	06/18/13	24.00	101.28
248005	3	T1019	0580	06/19/13	06/19/13	24.00	101.28
CLAIM TOTAL							303.84
CLAIM ACCOUNT REF.							2480050012012541SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013402 2013402 MCALLISTER, ANNIE 03/29/1937 ZP91513K 0006313393  
DIAGNOSIS CODES: V61.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248006	1	T1019	0580	06/17/13	06/17/13	16.00	67.52
248006	2	T1019	0580	06/19/13	06/19/13	16.00	67.52

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PAYER ID = 55247                      HEALTH INSURANCE PLAN

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248006	3	T1019	0580	06/21/13	06/21/13	16.00	67.52	
					CLAIM TOTAL		202.56	CLAIM ACCOUNT REF. 2480060012013402SUP

PAYER TOTALS:	HEALTH INSURANCE PLAN	# OF CLAIMS =	70	TOTAL CLAIM AMOUNT =	9,452.80
		# SERVICES =	14		

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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 77073                      VNSNY CHOICE

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008374 2010958 KARASSAVIDES, ARISTOTI 10/09/1962 V80041904 123590054  
DIAGNOSIS CODES: 042. 202.88 436. 799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248090	1	T1019		06/17/13	06/17/13	28.00	120.12
248090	2	T1019		06/18/13	06/18/13	28.00	120.12
248090	3	T1019		06/19/13	06/19/13	28.00	120.12
248090	4	T1019		06/20/13	06/20/13	28.00	120.12
CLAIM TOTAL							480.48
CLAIM ACCOUNT REF.							2480900012010958SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012481 2012481 REYES, LORGIO 05/15/1982 V80024771 130240009  
DIAGNOSIS CODES: 585.6 294.9 315.34 389.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248091	1	T1019		06/15/13	06/15/13	24.00	102.96
248091	2	T1019		06/18/13	06/18/13	24.00	102.96
248091	3	T1019		06/19/13	06/19/13	40.00	171.60
248091	4	T1019		06/20/13	06/20/13	24.00	102.96
248091	5	T1019		06/21/13	06/21/13	40.00	171.60
CLAIM TOTAL							652.08
CLAIM ACCOUNT REF.							2480910012012481SUP

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

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008246 2008246 RIVERA, CHRISTOPHER 09/03/1996 UW23596M R2269158  
DIAGNOSIS CODES: 314.01

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247965	1	T1019		06/15/13	06/15/13	12.00	50.64
247965	2	T1019		06/16/13	06/16/13	12.00	50.64
247965	3	T1019		06/17/13	06/17/13	12.00	50.64
247965	4	T1019		06/18/13	06/18/13	12.00	50.64
247965	5	T1019		06/19/13	06/19/13	12.00	50.64
247965	6	T1019		06/20/13	06/20/13	12.00	50.64
247965	7	T1019		06/21/13	06/21/13	12.00	50.64
CLAIM TOTAL							354.48
CLAIM ACCOUNT REF.							2479650012008246SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008248 2008248 RIVERA, EDDIE 01/29/1960 YP34893V R2226367  
DIAGNOSIS CODES: 339.02 367.1 369.10

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247966	1	T1019		06/17/13	06/17/13	12.00	50.64
247966	2	T1019		06/18/13	06/18/13	12.00	50.64
247966	3	T1019		06/19/13	06/19/13	12.00	50.64
247966	4	T1019		06/20/13	06/20/13	12.00	50.64
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2479660012008248SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008249 2008249 LOPEZ-RAMIREZ, CARLOTA 01/20/1936 QR43529V 0105101301235  
DIAGNOSIS CODES: 714.0 272.4 401.9 536.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247957	1	T1019		06/15/13	06/15/13	44.00	185.68
247957	2	T1019		06/17/13	06/17/13	44.00	185.68
247957	3	T1019		06/18/13	06/18/13	44.00	185.68
247957	4	T1019		06/19/13	06/19/13	44.00	185.68
247957	5	T1019		06/20/13	06/20/13	44.00	185.68
247957	6	T1019		06/21/13	06/21/13	44.00	185.68
CLAIM TOTAL							1,114.08
CLAIM ACCOUNT REF.							2479570012008249SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247970	1	T1019		06/15/13	06/15/13	32.00	135.04

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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
247970	2	T1019		06/16/13	06/16/13	32.00	135.04
247970	3	T1019		06/17/13	06/17/13	32.00	135.04
247970	4	T1019		06/18/13	06/18/13	32.00	135.04
247970	5	T1019		06/19/13	06/19/13	32.00	135.04
247970	6	T1019		06/20/13	06/20/13	32.00	135.04
247970	7	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2479700012008250SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008251 2008251 CEBALLOS, ANA 12/31/1919 UH02585Q R2162064  
DIAGNOSIS CODES: 294.10 244.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247939	1	T1019		06/15/13	06/15/13	32.00	135.04
247939	2	T1019		06/17/13	06/17/13	32.00	135.04
247939	3	T1019		06/18/13	06/18/13	32.00	135.04
247939	4	T1019		06/19/13	06/19/13	32.00	135.04
247939	5	T1019		06/20/13	06/20/13	16.00	67.52
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2479390012008251SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008253 2008253 MACARENA, SAHARA 09/12/1965 VT07830U 0104171302386  
DIAGNOSIS CODES: 359.0 719.45

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247958	1	T1019		06/15/13	06/15/13	48.00	202.56
247958	2	T1019		06/16/13	06/16/13	48.00	202.56
247958	3	T1019		06/17/13	06/17/13	48.00	202.56
247958	4	T1019		06/18/13	06/18/13	48.00	202.56
247958	5	T1019		06/19/13	06/19/13	48.00	202.56
247958	6	T1019		06/20/13	06/20/13	48.00	202.56
247958	7	T1019		06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL							1,417.92

CLAIM ACCOUNT REF. 2479580012008253SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247974	1	T1019		06/17/13	06/17/13	32.00	135.04
247974	2	T1019		06/18/13	06/18/13	32.00	135.04
247974	3	T1019		06/19/13	06/19/13	32.00	135.04
247974	4	T1019		06/20/13	06/20/13	32.00	135.04

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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	
247974	5	T1019		06/21/13	06/21/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2479740012008254SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247937	1	T1019		06/17/13	06/17/13	32.00	135.04	
247937	2	T1019		06/18/13	06/18/13	32.00	135.04	
247937	3	T1019		06/19/13	06/19/13	32.00	135.04	
247937	4	T1019		06/20/13	06/20/13	32.00	135.04	
247937	5	T1019		06/21/13	06/21/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2479370012008256SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008257	2008257	ESTEVEZ, JOSE	09/04/1948	YD71377C	0103261301993
DIAGNOSIS CODES: 345.40							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247944	1	T1019		06/15/13	06/15/13	24.00	101.28	
247944	2	T1019		06/16/13	06/16/13	24.00	101.28	
247944	3	T1019		06/17/13	06/17/13	24.00	101.28	
247944	4	T1019		06/18/13	06/18/13	24.00	101.28	
247944	5	T1019		06/19/13	06/19/13	24.00	101.28	
247944	6	T1019		06/20/13	06/20/13	24.00	101.28	
247944	7	T1019		06/21/13	06/21/13	24.00	101.28	
					CLAIM TOTAL		708.96	CLAIM ACCOUNT REF. 2479440012008257SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008290	2008290	SALHUANA, YOLANDA	08/25/1935	SZ24247J	0103261301164
DIAGNOSIS CODES: 249.70 362.50 401.9 733.00							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247971	1	T1019		06/17/13	06/17/13	32.00	135.04	
247971	2	T1019		06/18/13	06/18/13	32.00	135.04	
247971	3	T1019		06/19/13	06/19/13	32.00	135.04	
247971	4	T1019		06/20/13	06/20/13	32.00	135.04	
247971	5	T1019		06/21/13	06/21/13	32.00	135.04	
					CLAIM TOTAL		675.20	CLAIM ACCOUNT REF. 2479710012008290SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008362 2008362 FONTANES, PEDRO 08/27/1948 RX10287Z 0104171301499  
DIAGNOSIS CODES: 724.3 278.00 427.31 428.0 724.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247948	1	T1019		06/15/13	06/15/13	48.00	202.56
247948	2	T1019		06/16/13	06/16/13	48.00	202.56
247948	3	T1019		06/17/13	06/17/13	24.00	101.28
247948	4	T1019		06/18/13	06/18/13	24.00	101.28
247948	5	T1019		06/19/13	06/19/13	48.00	202.56
247948	6	T1019		06/20/13	06/20/13	48.00	202.56
247948	7	T1019		06/21/13	06/21/13	24.00	101.28

CLAIM TOTAL 1,114.08 CLAIM ACCOUNT REF. 2479480012008362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247969	1	T1019		06/17/13	06/17/13	16.00	67.52
247969	2	T1019		06/18/13	06/18/13	16.00	67.52
247969	3	T1019		06/19/13	06/19/13	16.00	67.52
247969	4	T1019		06/20/13	06/20/13	16.00	67.52
247969	5	T1019		06/21/13	06/21/13	16.00	67.52

CLAIM TOTAL 337.60 CLAIM ACCOUNT REF. 2479690012008368SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008411 2008411 FRANCISCO, RICHARD 07/10/1968 XR22414G R2176143  
DIAGNOSIS CODES: 401.9 443.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247949	1	T1019		06/15/13	06/15/13	32.00	135.04
247949	2	T1019		06/16/13	06/16/13	32.00	135.04
247949	3	T1019		06/17/13	06/17/13	28.00	118.16
247949	4	T1019		06/18/13	06/18/13	32.00	135.04
247949	5	T1019		06/19/13	06/19/13	32.00	135.04
247949	6	T1019		06/20/13	06/20/13	32.00	135.04
247949	7	T1019		06/21/13	06/21/13	32.00	135.04

CLAIM TOTAL 928.40 CLAIM ACCOUNT REF. 2479490012008411SUP



REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 2008433 2008433 BHAIRO, KOWSILILLI 05/13/1954 VG15691D R2088833  
DIAGNOSIS CODES: 340. 286.0 311. 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247933	1	T1019		06/15/13	06/15/13	32.00	135.04
247933	2	T1019		06/16/13	06/16/13	32.00	135.04
247933	3	T1019		06/17/13	06/17/13	32.00	135.04
247933	4	T1019		06/18/13	06/18/13	32.00	135.04
247933	5	T1019		06/19/13	06/19/13	32.00	135.04
247933	6	T1019		06/20/13	06/20/13	32.00	135.04
247933	7	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2479330012008433SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247932	1	T1019		06/15/13	06/15/13	12.00	50.64
247932	2	T1019		06/17/13	06/17/13	20.00	84.40
247932	3	T1019		06/18/13	06/18/13	20.00	84.40
247932	4	T1019		06/19/13	06/19/13	20.00	84.40
247932	5	T1019		06/20/13	06/20/13	20.00	84.40
247932	6	T1019		06/21/13	06/21/13	20.00	84.40
CLAIM TOTAL							472.64
CLAIM ACCOUNT REF.							2479320012008487SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008558 2008558 SURIEL, GERTRUDIS 03/17/1950 ZE67447D R2223526  
DIAGNOSIS CODES: 493.90 401.9 414.00 715.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247976	1	T1019		06/15/13	06/15/13	48.00	202.56
247976	2	T1019		06/18/13	06/18/13	48.00	202.56
247976	3	T1019		06/19/13	06/19/13	48.00	202.56
247976	4	T1019		06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL							810.24
CLAIM ACCOUNT REF.							2479760012008558SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008571 2008571 ESPAILLAT, AMPARO 12/25/1949 ZG25447P 0103131301379  
DIAGNOSIS CODES: 401.9 272.0 311. 365.9 366.9 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247943	1	T1019		06/15/13	06/15/13	16.00	67.52

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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
247943	2	T1019		06/16/13	06/16/13	16.00	67.52
247943	3	T1019		06/17/13	06/17/13	24.00	101.28
247943	4	T1019		06/18/13	06/18/13	24.00	101.28
247943	5	T1019		06/19/13	06/19/13	24.00	101.28
247943	6	T1019		06/20/13	06/20/13	24.00	101.28
247943	7	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							641.44

CLAIM ACCOUNT REF. 2479430012008571SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008380 2009001 FERRERA, FRANCISCA 06/06/1948 YH55651V R2113770  
DIAGNOSIS CODES: 301.9 401.9 493.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247946	1	T1019		06/08/13	06/08/13	40.00	168.80
247946	2	T1019		06/10/13	06/10/13	40.00	168.80
247946	3	T1019		06/11/13	06/11/13	40.00	168.80
247946	4	T1019		06/17/13	06/17/13	40.00	168.80
247946	5	T1019		06/18/13	06/18/13	40.00	168.80
247946	6	T1019		06/19/13	06/19/13	40.00	168.80
247946	7	T1019		06/20/13	06/20/13	40.00	168.80
CLAIM TOTAL							1,181.60

CLAIM ACCOUNT REF. 2479460012009001SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008271 2009270 CARRION, MARIA 06/30/1928 SC64434E R2230145  
DIAGNOSIS CODES: 250.00 294.10 401.9 V12.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247938	1	T1019		06/15/13	06/15/13	32.00	135.04
247938	2	T1019		06/17/13	06/17/13	32.00	135.04
247938	3	T1019		06/18/13	06/18/13	32.00	135.04
247938	4	T1019		06/19/13	06/19/13	32.00	135.04
247938	5	T1019		06/20/13	06/20/13	32.00	135.04
247938	6	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							810.24

CLAIM ACCOUNT REF. 2479380012009270SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009405 2009405 CORTES DE GALINDO, NEL 05/25/1925 PF03624B 0103141302031  
DIAGNOSIS CODES: 401.9 537.9 648.12

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247940	1	T1019		06/10/13	06/10/13	24.00	101.28
247940	2	T1019		06/11/13	06/11/13	24.00	101.28
247940	3	T1019		06/12/13	06/12/13	24.00	101.28

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = 80141                      HEALTHFIRST PHSP

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247940	4	T1019		06/13/13	06/13/13	24.00	101.28
247940	5	T1019		06/14/13	06/14/13	24.00	101.28
247940	6	T1019		06/17/13	06/17/13	24.00	101.28
247940	7	T1019		06/18/13	06/18/13	24.00	101.28
247940	8	T1019		06/19/13	06/19/13	24.00	101.28
247940	9	T1019		06/20/13	06/20/13	24.00	101.28
247940	10	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							1,012.80
CLAIM ACCOUNT REF.							2479400012009405SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2009425 2009425 FRIAS, BARBARA 04/01/1954 YQ10410R 0103191302380  
DIAGNOSIS CODES: 785.9 V44.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247950	1	T1019		06/17/13	06/17/13	16.00	67.52
247950	2	T1019		06/19/13	06/19/13	16.00	67.52
247950	3	T1019		06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							202.56
CLAIM ACCOUNT REF.							2479500012009425SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247935	1	T1019		06/15/13	06/15/13	24.00	101.28
247935	2	T1019		06/17/13	06/17/13	24.00	101.28
247935	3	T1019		06/18/13	06/18/13	24.00	101.28
247935	4	T1019		06/19/13	06/19/13	24.00	101.28
247935	5	T1019		06/20/13	06/20/13	24.00	101.28
247935	6	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							607.68
CLAIM ACCOUNT REF.							2479350012009560SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010009 2010009 VEGA, GLORIA 07/06/1955 ZU45073J R2160981  
DIAGNOSIS CODES: 340. 250.00 272.2 311.

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247979	1	T1019		06/17/13	06/17/13	32.00	135.04
247979	2	T1019		06/18/13	06/18/13	32.00	135.04
247979	3	T1019		06/19/13	06/19/13	32.00	135.04
247979	4	T1019		06/20/13	06/20/13	32.00	135.04
247979	5	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							675.20
CLAIM ACCOUNT REF.							2479790012010009SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 R2083859  
DIAGNOSIS CODES: 340. 250.00 278.00 401.9 440.9 781.2

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247956	1	T1019		06/15/13	06/15/13	48.00	202.56
247956	2	T1019		06/16/13	06/16/13	48.00	202.56
247956	3	T1019		06/17/13	06/17/13	48.00	202.56
247956	4	T1019		06/18/13	06/18/13	48.00	202.56
247956	5	T1019		06/19/13	06/19/13	48.00	202.56
247956	6	T1019		06/20/13	06/20/13	48.00	202.56
247956	7	T1019		06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF. 2479560012010311SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247978	1	T1019		06/15/13	06/15/13	20.00	84.40
247978	2	T1019		06/16/13	06/16/13	20.00	84.40
247978	3	T1019		06/20/13	06/20/13	20.00	84.40
247978	4	T1019		06/21/13	06/21/13	20.00	84.40
CLAIM TOTAL						337.60	CLAIM ACCOUNT REF. 2479780012010758SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247955	1	T1019		06/15/13	06/15/13	32.00	135.04
247955	2	T1019		06/17/13	06/17/13	32.00	135.04
247955	3	T1019		06/18/13	06/18/13	32.00	135.04
247955	4	T1019		06/19/13	06/19/13	32.00	135.04
247955	5	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL						675.20	CLAIM ACCOUNT REF. 2479550012010967SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247936	1	T1019		06/17/13	06/17/13	40.00	168.80
247936	2	T1019		06/18/13	06/18/13	40.00	168.80

REPORT DATE 06/26/13 SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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
247936	3	T1019		06/19/13	06/19/13	40.00	168.80
247936	4	T1019		06/20/13	06/20/13	40.00	168.80
247936	5	T1019		06/21/13	06/21/13	40.00	168.80
CLAIM TOTAL							844.00
							CLAIM ACCOUNT REF. 2479360012011528SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008405 2011820 ST ROMAINE, CLAUDE 10/01/1956 UZ14868C 0102131302292  
DIAGNOSIS CODES: 952.9 344.9 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247975	1	T1019		06/15/13	06/15/13	36.00	151.92
247975	2	T1019		06/16/13	06/16/13	36.00	151.92
247975	3	T1019		06/17/13	06/17/13	40.00	168.80
247975	4	T1019		06/18/13	06/18/13	40.00	168.80
247975	5	T1019		06/19/13	06/19/13	40.00	168.80
247975	6	T1019		06/20/13	06/20/13	40.00	168.80
247975	7	T1019		06/21/13	06/21/13	40.00	168.80
CLAIM TOTAL							1,147.84
							CLAIM ACCOUNT REF. 2479750012011820SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247964	1	T1019		06/15/13	06/15/13	40.00	168.80
247964	2	T1019		06/16/13	06/16/13	40.00	168.80
247964	3	T1019		06/17/13	06/17/13	40.00	168.80
247964	4	T1019		06/18/13	06/18/13	40.00	168.80
247964	5	T1019		06/19/13	06/19/13	40.00	168.80
247964	6	T1019		06/20/13	06/20/13	40.00	168.80
247964	7	T1019		06/21/13	06/21/13	40.00	168.80
CLAIM TOTAL							1,181.60
							CLAIM ACCOUNT REF. 2479640012012284SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247952	1	T1019		06/15/13	06/15/13	32.00	135.04
247952	2	T1019		06/16/13	06/16/13	32.00	135.04
247952	3	T1019		06/17/13	06/17/13	32.00	135.04
247952	4	T1019		06/18/13	06/18/13	32.00	135.04
247952	5	T1019		06/19/13	06/19/13	32.00	135.04

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051  
PAYER ID = 80141

SUNNYSIDE CITYWIDE  
HEALTHFIRST PHSP

NPI = 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247952	6	T1019		06/20/13	06/20/13	32.00	135.04
247952	7	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							945.28

CLAIM ACCOUNT REF. 2479520012012478SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012477	2012489	BLANCO, CARMELINA	08/19/1940	112990683	0101241301336

DIAGNOSIS CODES: 715.90 250.00 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247934	1	T1019		06/17/13	06/17/13	16.00	67.52
247934	2	T1019		06/18/13	06/18/13	16.00	67.52
247934	3	T1019		06/20/13	06/20/13	16.00	67.52
247934	4	T1019		06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							270.08

CLAIM ACCOUNT REF. 2479340012012489SUP

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

DIAGNOSIS CODES: 296.22 724.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247972	1	T1019		06/15/13	06/15/13	32.00	135.04
247972	2	T1019		06/16/13	06/16/13	32.00	135.04
247972	3	T1019		06/18/13	06/18/13	36.00	151.92
247972	4	T1019		06/19/13	06/19/13	36.00	151.92
247972	5	T1019		06/20/13	06/20/13	36.00	151.92
CLAIM TOTAL							725.84

CLAIM ACCOUNT REF. 2479720012012498SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2009733	2012683	ORTIZ, TULA	10/30/1957	ST52677J	R2161864

DIAGNOSIS CODES: 022.2 272.4 332.1

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247962	1	T1019		06/15/13	06/15/13	24.00	101.28
247962	2	T1019		06/17/13	06/17/13	24.00	101.28
247962	3	T1019		06/18/13	06/18/13	24.00	101.28
247962	4	T1019		06/19/13	06/19/13	24.00	101.28
247962	5	T1019		06/20/13	06/20/13	24.00	101.28
247962	6	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							607.68

CLAIM ACCOUNT REF. 2479620012012683SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 2012772 2012772 THORNTON, SHIRLEY 09/02/1949 ZM67702P R2196393  
DIAGNOSIS CODES: 253.5 493.92 V45.11

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247977	1	T1019		06/15/13	06/15/13	32.00	135.04
247977	2	T1019		06/16/13	06/16/13	32.00	135.04
247977	3	T1019		06/17/13	06/17/13	20.00	84.40
247977	4	T1019		06/18/13	06/18/13	32.00	135.04
247977	5	T1019		06/19/13	06/19/13	20.00	84.40
247977	6	T1019		06/20/13	06/20/13	32.00	135.04
247977	7	T1019		06/21/13	06/21/13	20.00	84.40
CLAIM TOTAL							793.36
CLAIM ACCOUNT REF.							2479770012012772SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011388 2013053 PALAZZOLO, FLORENCE 10/31/1948 PD96979S 0103181301812  
DIAGNOSIS CODES: 331.0

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247963	1	T1020		06/14/13	06/14/13	12.00	202.56
247963	2	T1020		06/15/13	06/15/13	12.00	202.56
247963	3	T1020		06/16/13	06/16/13	12.00	202.56
247963	4	T1020		06/17/13	06/17/13	24.00	405.12
247963	5	T1020		06/20/13	06/20/13	12.00	202.56
247963	6	T1020		06/21/13	06/21/13	12.00	202.56
CLAIM TOTAL							1,417.92
CLAIM ACCOUNT REF.							2479630012013053SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2010143 2013448 AHMED, UMARA 11/15/1985 XK51476N 072211255328  
DIAGNOSIS CODES: 335.19 695.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247930	1	T1019		06/15/13	06/15/13	32.00	135.04
247930	2	T1019		06/16/13	06/16/13	32.00	135.04
247930	3	T1019		06/17/13	06/17/13	32.00	135.04
247930	4	T1019		06/18/13	06/18/13	32.00	135.04
247930	5	T1019		06/19/13	06/19/13	32.00	135.04
247930	6	T1019		06/20/13	06/20/13	32.00	135.04
247930	7	T1019		06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL							945.28
CLAIM ACCOUNT REF.							2479300012013448SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 2010671 2013451 AKHTER, SELINA 07/13/1960 SX51375D 0073112301172  
DIAGNOSIS CODES: 093.9 253.5 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247931	1	T1019		06/17/13	06/17/13	36.00	151.92
247931	2	T1019		06/18/13	06/18/13	36.00	151.92
247931	3	T1019		06/19/13	06/19/13	36.00	151.92
247931	4	T1019		06/20/13	06/20/13	36.00	151.92
247931	5	T1019		06/21/13	06/21/13	36.00	151.92
CLAIM TOTAL							759.60

CLAIM ACCOUNT REF. 2479310012013451SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012500 2013452 DEKMAK, GRISEL 03/02/1964 VV95212H 020113323665  
DIAGNOSIS CODES: 340. 285.8 311. 596.54

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247941	1	T1019		06/15/13	06/15/13	48.00	202.56
247941	2	T1019		06/16/13	06/16/13	48.00	202.56
247941	3	T1019		06/17/13	06/17/13	40.00	168.80
247941	4	T1019		06/18/13	06/18/13	48.00	202.56
247941	5	T1019		06/19/13	06/19/13	48.00	202.56
247941	6	T1019		06/20/13	06/20/13	48.00	202.56
247941	7	T1019		06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL							1,384.16

CLAIM ACCOUNT REF. 2479410012013452SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008802 2013453 DIAZ 1, CARMEN 07/29/1950 WB78930D 072111255060  
DIAGNOSIS CODES: V02.62 300.00 401.9 719.89 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247942	1	T1019		06/17/13	06/17/13	16.00	67.52
247942	2	T1019		06/18/13	06/18/13	24.00	101.28
247942	3	T1019		06/19/13	06/19/13	24.00	101.28
247942	4	T1019		06/20/13	06/20/13	24.00	101.28
247942	5	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							472.64

CLAIM ACCOUNT REF. 2479420012013453SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008261 2013454 FERNANDEZ, MARIA 07/24/1943 XG23851A 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
247945	1	T1019		06/19/13	06/19/13	16.00	67.52



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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	
247945	2	T1019		06/20/13	06/20/13	16.00	67.52	
247945	3	T1019		06/21/13	06/21/13	16.00	67.52	
CLAIM TOTAL							202.56	CLAIM ACCOUNT REF. 2479450012013454SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008427	2013455	FLORES, MARITZA	09/26/1953	ZG96532J	032613329851
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	
247947	1	T1019		06/15/13	06/15/13	40.00	168.80	
247947	2	T1019		06/16/13	06/16/13	40.00	168.80	
247947	3	T1019		06/17/13	06/17/13	40.00	168.80	
247947	4	T1019		06/18/13	06/18/13	40.00	168.80	
247947	5	T1019		06/19/13	06/19/13	40.00	168.80	
247947	6	T1019		06/20/13	06/20/13	40.00	168.80	
247947	7	T1019		06/21/13	06/21/13	40.00	168.80	
CLAIM TOTAL							1,181.60	CLAIM ACCOUNT REF. 2479470012013455SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008419	2013457	GARDNER, DIANE	05/05/1948	ZK72750T	082212304015
DIAGNOSIS	CODES:	799.89	093.89	253.5		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247951	1	T1019		06/17/13	06/17/13	16.00	67.52	
247951	2	T1019		06/18/13	06/18/13	16.00	67.52	
247951	3	T1019		06/19/13	06/19/13	16.00	67.52	
247951	4	T1019		06/20/13	06/20/13	16.00	67.52	
CLAIM TOTAL							270.08	CLAIM ACCOUNT REF. 2479510012013457SUP

REG LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY 001	2008366	2013458	JONES, CYNTHIA	03/17/1950	ZU54275V	021313325005
DIAGNOSIS	CODES:	333.4	401.9			

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247953	1	T1019		06/17/13	06/17/13	20.00	84.40	
247953	2	T1019		06/18/13	06/18/13	20.00	84.40	
247953	3	T1019		06/19/13	06/19/13	20.00	84.40	
247953	4	T1019		06/21/13	06/21/13	20.00	84.40	
CLAIM TOTAL							337.60	CLAIM ACCOUNT REF. 2479530012013458SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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    2009356    2013459    KHAN, FARUQUE                      02/08/1949    VM87355G                      112111269647  
DIAGNOSIS CODES:    696.8       253.5       272.4

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247954	1	T1019		06/15/13	06/15/13	48.00	202.56
247954	2	T1019		06/16/13	06/16/13	48.00	202.56
247954	3	T1019		06/17/13	06/17/13	48.00	202.56
247954	4	T1019		06/18/13	06/18/13	48.00	202.56
247954	5	T1019		06/19/13	06/19/13	48.00	202.56
247954	6	T1019		06/20/13	06/20/13	48.00	202.56
247954	7	T1019		06/21/13	06/21/13	48.00	202.56
CLAIM TOTAL						1,417.92	CLAIM ACCOUNT REF.    2479540012013459SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008263    2013462    MORALES    HERNANDEZ, EDW                      10/28/1952    XV26396D                      083111260220  
DIAGNOSIS CODES:    344.1       799.89

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247959	1	T1019		06/15/13	06/15/13	24.00	101.28
247959	2	T1019		06/16/13	06/16/13	24.00	101.28
247959	3	T1019		06/17/13	06/17/13	24.00	101.28
247959	4	T1019		06/18/13	06/18/13	24.00	101.28
247959	5	T1019		06/19/13	06/19/13	24.00	101.28
247959	6	T1019		06/20/13	06/20/13	24.00	101.28
247959	7	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL						708.96	CLAIM ACCOUNT REF.    2479590012013462SUP

REG LOC    CLIENT    SERVICE    NAME                      BIRTH DATE    RECIPIENT ID                      PRIOR AUTHORIZATION #  
NY    001    2008422    2013463    MOSKOWITZ, RONA                      02/16/1952    ZK67666G                      020713324355  
DIAGNOSIS CODES:    799.89       401.9       493.92       729.0       V02.62

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247960	1	T1019		06/15/13	06/15/13	24.00	101.28
247960	2	T1019		06/17/13	06/17/13	24.00	101.28
247960	3	T1019		06/18/13	06/18/13	24.00	101.28
247960	4	T1019		06/19/13	06/19/13	24.00	101.28
247960	5	T1019		06/20/13	06/20/13	24.00	101.28
247960	6	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL						607.68	CLAIM ACCOUNT REF.    2479600012013463SUP

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 2008421 2013464 OCASIO, VIRGINIA 05/24/1949 ZC22374W 082012303730  
DIAGNOSIS CODES: 250.00 278.00 300.00 715.90

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247961	1	T1019		06/17/13	06/17/13	24.00	101.28
247961	2	T1019		06/18/13	06/18/13	24.00	101.28
247961	3	T1019		06/19/13	06/19/13	24.00	101.28
247961	4	T1019		06/20/13	06/20/13	24.00	101.28
247961	5	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2479610012013464SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008531 2013465 RODRIGUEZ -2, MARIA 02/16/1949 SB98419Y 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
247967	1	T1019		06/17/13	06/17/13	24.00	101.28
247967	2	T1019		06/18/13	06/18/13	24.00	101.28
247967	3	T1019		06/19/13	06/19/13	24.00	101.28
247967	4	T1019		06/20/13	06/20/13	24.00	101.28
247967	5	T1019		06/21/13	06/21/13	24.00	101.28
CLAIM TOTAL							506.40

CLAIM ACCOUNT REF. 2479670012013465SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008398 2013466 RODRIGUEZ, JESSE 03/23/1984 YC62425G 072211255272  
DIAGNOSIS CODES: 799.89 253.5 278.00 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247968	1	T1019		06/18/13	06/18/13	20.00	84.40
247968	2	T1019		06/19/13	06/19/13	20.00	84.40
247968	3	T1019		06/20/13	06/20/13	20.00	84.40
247968	4	T1019		06/21/13	06/21/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2479680012013466SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008265 2013467 SHEPPARD, ERMA 10/05/1954 ZX55600A 0105301305797  
DIAGNOSIS CODES: 295.90 250.00 272.0 401.9 440.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247973	1	T1019		06/15/13	06/15/13	40.00	168.80
247973	2	T1019		06/16/13	06/16/13	40.00	168.80
247973	3	T1019		06/17/13	06/17/13	40.00	168.80
247973	4	T1019		06/18/13	06/18/13	40.00	168.80

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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	
247973	5	T1019		06/19/13	06/19/13	40.00	168.80	
247973	6	T1019		06/20/13	06/20/13	40.00	168.80	
247973	7	T1019		06/21/13	06/21/13	40.00	168.80	
					CLAIM TOTAL		1,181.60	CLAIM ACCOUNT REF.    2479730012013467SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008425	2013468	WELLS, WYNORIA	09/10/1959	ZR27322A	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	
247980	1	T1019		06/17/13	06/17/13	16.00	67.52	
247980	2	T1019		06/18/13	06/18/13	16.00	67.52	
247980	3	T1019		06/20/13	06/20/13	16.00	67.52	
247980	4	T1019		06/21/13	06/21/13	16.00	67.52	
					CLAIM TOTAL		270.08	CLAIM ACCOUNT REF.    2479800012013468SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2008303	2013469	WILSON, SHERYL	08/28/1956	UR09425R	032613329815
DIAGNOSIS	CODES:	737.39	344.9	493.90	799.89		

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247981	1	T1019		06/15/13	06/15/13	16.00	67.52	
247981	2	T1019		06/16/13	06/16/13	16.00	67.52	
247981	3	T1019		06/17/13	06/17/13	24.00	101.28	
247981	4	T1019		06/18/13	06/18/13	24.00	101.28	
247981	5	T1019		06/19/13	06/19/13	24.00	101.28	
247981	6	T1019		06/20/13	06/20/13	24.00	101.28	
247981	7	T1019		06/21/13	06/21/13	24.00	101.28	
					CLAIM TOTAL		641.44	CLAIM ACCOUNT REF.    2479810012013469SUP

PAYER TOTALS:	HEALTHFIRST PHSP	# OF CLAIMS =	302	TOTAL CLAIM AMOUNT =	39,212.24
		# SERVICES =	52		

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
INPUT FILE = /VOL444/COMPSUP/HIPAAIN/E5002013062604541829RRSUP

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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 2008287 2008287 MILLAN, ARMIDA 09/13/1928 100063356 610554187  
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
247996	1	T1019		06/15/13	06/15/13	16.00	68.64
247996	2	T1019		06/17/13	06/17/13	36.00	154.44
247996	3	T1019		06/18/13	06/18/13	36.00	154.44
247996	4	T1019		06/19/13	06/19/13	36.00	154.44
247996	5	T1019		06/20/13	06/20/13	36.00	154.44
247996	6	T1019		06/21/13	06/21/13	36.00	154.44
CLAIM TOTAL							840.84
							CLAIM ACCOUNT REF. 2479960012008287SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008401 2008401 SAFOS, PATRA 12/18/1948 100029836 611012381  
DIAGNOSIS CODES: 340. 244.8 272.0 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247998	1	T1019		06/15/13	06/15/13	32.00	137.28
247998	2	T1019		06/16/13	06/16/13	32.00	137.28
247998	3	T1019		06/17/13	06/17/13	32.00	137.28
247998	4	T1019		06/18/13	06/18/13	32.00	137.28
247998	5	T1019		06/19/13	06/19/13	32.00	137.28
247998	6	T1019		06/20/13	06/20/13	32.00	137.28
247998	7	T1019		06/21/13	06/21/13	32.00	137.28
CLAIM TOTAL							960.96
							CLAIM ACCOUNT REF. 2479980012008401SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011881 2011881 KHAN, FAZAL 06/28/1970 101344352 609951463  
DIAGNOSIS CODES: 345.91

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247994	1	T1019		06/15/13	06/15/13	48.00	205.92
247994	2	T1019		06/17/13	06/17/13	48.00	205.92
247994	3	T1019		06/18/13	06/18/13	48.00	205.92
247994	4	T1019		06/19/13	06/19/13	48.00	205.92
247994	5	T1019		06/20/13	06/20/13	48.00	205.92
247994	6	T1019		06/21/13	06/21/13	48.00	205.92
CLAIM TOTAL							1,235.52
							CLAIM ACCOUNT REF. 2479940012011881SUP

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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 2013149 2013149 KOH, BYUNG CHOLL 05/06/1923 101428305 610504628  
DIAGNOSIS CODES: 250.00 244.9 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247995	1	T1019		06/08/13	06/08/13	12.00	51.48
247995	2	T1019		06/09/13	06/09/13	12.00	51.48
247995	3	T1019		06/10/13	06/10/13	12.00	51.48
247995	4	T1019		06/11/13	06/11/13	16.00	68.64
247995	5	T1019		06/12/13	06/12/13	16.00	68.64
247995	6	T1019		06/13/13	06/13/13	16.00	68.64
247995	7	T1019		06/14/13	06/14/13	16.00	68.64
CLAIM TOTAL							429.00
CLAIM ACCOUNT REF.							2479950012013149SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247997	1	T1019		06/15/13	06/15/13	16.00	68.64
247997	2	T1019		06/17/13	06/17/13	16.00	68.64
247997	3	T1019		06/18/13	06/18/13	16.00	68.64
247997	4	T1019		06/19/13	06/19/13	16.00	68.64
247997	5	T1019		06/20/13	06/20/13	16.00	68.64
247997	6	T1019		06/21/13	06/21/13	16.00	68.64
CLAIM TOTAL							411.84
CLAIM ACCOUNT REF.							2479970012013181SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013182 2013182 FARFAN, MARIA 06/17/1924 101465838 610697951  
DIAGNOSIS CODES: 780.99 294.10 530.81 733.00

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
247993	1	T1019		06/17/13	06/17/13	12.00	51.48
247993	2	T1019		06/18/13	06/18/13	12.00	51.48
247993	3	T1019		06/19/13	06/19/13	12.00	51.48
247993	4	T1019		06/20/13	06/20/13	12.00	51.48
247993	5	T1019		06/21/13	06/21/13	12.00	51.48
CLAIM TOTAL							257.40
CLAIM ACCOUNT REF.							2479930012013182SUP

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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 2013415 2013415 BATISTA, LUCILA 06/30/1930 ZS74358H  
DIAGNOSIS CODES: 429.9 253.5 386.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
247992	1	T1019		06/12/13	06/12/13	16.00	68.64	
247992	2	T1019		06/14/13	06/14/13	16.00	68.64	
247992	3	T1019		06/17/13	06/17/13	16.00	68.64	
247992	4	T1019		06/19/13	06/19/13	16.00	68.64	
247992	5	T1019		06/21/13	06/21/13	16.00	68.64	
					CLAIM TOTAL	343.20		CLAIM ACCOUNT REF. 2479920012013415SUP

PAYER TOTALS: UNITEDHEALTHCARE                      # OF CLAIMS = 42    TOTAL CLAIM AMOUNT = 4,478.76  
# SERVICES = 7

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

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248069	1	T1019	0580	06/15/13	06/15/13	40.00	168.80
248069	2	T1019	0580	06/16/13	06/16/13	40.00	168.80
248069	3	T1019	0580	06/17/13	06/17/13	32.00	135.04
248069	4	T1019	0580	06/18/13	06/18/13	32.00	135.04
248069	5	T1019	0580	06/19/13	06/19/13	32.00	135.04
248069	6	T1019	0580	06/20/13	06/20/13	32.00	135.04
248069	7	T1019	0580	06/21/13	06/21/13	32.00	135.04
CLAIM TOTAL						1,012.80	CLAIM ACCOUNT REF. 2480690012008266SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248070	1	S5130	0582	06/20/13	06/20/13	16.00	67.52
248070	2	S5130	0582	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL						135.04	CLAIM ACCOUNT REF. 2480700012009279SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248072	1	T1019	0580	06/17/13	06/17/13	24.00	90.00
248072	2	T1019	0580	06/18/13	06/18/13	24.00	90.00
248072	3	T1019	0580	06/19/13	06/19/13	24.00	90.00
248072	4	T1019	0580	06/20/13	06/20/13	24.00	90.00
248072	5	T1019	0580	06/21/13	06/21/13	24.00	90.00
CLAIM TOTAL						450.00	CLAIM ACCOUNT REF. 2480720012012354SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248074	1	T1019	0580	06/15/13	06/15/13	24.00	90.00
248074	2	T1019	0580	06/17/13	06/17/13	24.00	90.00
248074	3	T1019	0580	06/18/13	06/18/13	24.00	90.00
248074	4	T1019	0580	06/19/13	06/19/13	24.00	90.00



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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
248074	5	T1019	0580	06/20/13	06/20/13	24.00	90.00
248074	6	T1019	0580	06/21/13	06/21/13	24.00	90.00
CLAIM TOTAL							540.00
							CLAIM ACCOUNT REF. 2480740012012357SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2012078	2012358	MARTINEZ, TOMASITA	01/03/1944	714799688	103312469
DIAGNOSIS CODES: 715.09 311. 401.9 493.90							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248077	1	T1019	0580	06/17/13	06/17/13	16.00	60.00
248077	2	T1019	0580	06/18/13	06/18/13	16.00	60.00
248077	3	T1019	0580	06/19/13	06/19/13	16.00	60.00
248077	4	T1019	0580	06/20/13	06/20/13	16.00	60.00
248077	5	T1019	0580	06/21/13	06/21/13	16.00	60.00
CLAIM TOTAL							300.00
							CLAIM ACCOUNT REF. 2480770012012358SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248078	1	T1019	0580	06/17/13	06/17/13	20.00	75.00
248078	2	T1019	0580	06/18/13	06/18/13	20.00	75.00
248078	3	T1019	0580	06/19/13	06/19/13	20.00	75.00
248078	4	T1019	0580	06/20/13	06/20/13	20.00	75.00
248078	5	T1019	0580	06/21/13	06/21/13	20.00	75.00
CLAIM TOTAL							375.00
							CLAIM ACCOUNT REF. 2480780012012362SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248073	1	T1019	0580	05/28/13	05/28/13	24.00	90.00
248073	2	T1019	0580	05/29/13	05/29/13	24.00	90.00
CLAIM TOTAL							180.00
							CLAIM ACCOUNT REF. 2480730012012373SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248075	1	T1019	0580	06/17/13	06/17/13	32.00	120.00

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PAYER ID = AMRGRI                      AMERIGROUP NEW YORK,LLC

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248075	2	T1019	0580	06/18/13	06/18/13	36.00	135.00
248075	3	T1019	0580	06/19/13	06/19/13	32.00	120.00
248075	4	T1019	0580	06/20/13	06/20/13	36.00	135.00
248075	5	T1019	0580	06/21/13	06/21/13	32.00	120.00
CLAIM TOTAL							630.00

CLAIM ACCOUNT REF. 2480750012012374SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012732 2012732 COLCHAMIRO, ESTHER 02/01/1919 717373336 103441419  
DIAGNOSIS CODES: 799.9 244.9 272.4 401.9

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248071	1	T1019	0580	06/17/13	06/17/13	28.00	105.00
248071	2	T1019	0580	06/18/13	06/18/13	28.00	105.00
248071	3	T1019	0580	06/19/13	06/19/13	28.00	105.00
248071	4	T1019	0580	06/20/13	06/20/13	28.00	105.00
248071	5	T1019	0580	06/21/13	06/21/13	16.00	60.00
CLAIM TOTAL							480.00

CLAIM ACCOUNT REF. 2480710012012732SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248076	1	T1019	0580	06/17/13	06/17/13	16.00	60.00
248076	2	T1019	0580	06/18/13	06/18/13	16.00	60.00
248076	3	T1019	0580	06/19/13	06/19/13	16.00	60.00
248076	4	T1019	0580	06/20/13	06/20/13	16.00	60.00
248076	5	T1019	0580	06/21/13	06/21/13	16.00	60.00
CLAIM TOTAL							300.00

CLAIM ACCOUNT REF. 2480760012013018SUP

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

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248068	1	T1019	0580	06/17/13	06/17/13	20.00	84.40
248068	2	T1019	0580	06/19/13	06/19/13	20.00	84.40
248068	3	T1019	0580	06/20/13	06/20/13	20.00	84.40
248068	4	T1019	0580	06/21/13	06/21/13	20.00	84.40
CLAIM TOTAL							337.60

CLAIM ACCOUNT REF. 2480680012013352SUP

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

PAYER TOTALS:	AMERIGROUP NEW YORK,LLC	# OF CLAIMS =	51	TOTAL CLAIM AMOUNT =	4,740.44
		# SERVICES =	11		

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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 464780  
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
248085	1	T1019	1C		06/17/13	06/17/13	6.00	98.40
248085	2	T1019	1C		06/18/13	06/18/13	6.00	98.40
248085	3	T1019	1C		06/19/13	06/19/13	6.00	98.40
248085	4	T1019	1C		06/20/13	06/20/13	6.00	98.40
248085	5	T1019	1C		06/21/13	06/21/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2480850012011453SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248084	1	T1019	1C		06/17/13	06/17/13	4.00	65.60
248084	2	T1019	1C		06/18/13	06/18/13	4.00	65.60
248084	3	T1019	1C		06/19/13	06/19/13	4.00	65.60
248084	4	T1019	1C		06/20/13	06/20/13	4.00	65.60
248084	5	T1019	1C		06/21/13	06/21/13	4.00	65.60
CLAIM TOTAL								328.00

CLAIM ACCOUNT REF. 2480840012011869SUP

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248082	1	T1019	1C		06/17/13	06/17/13	6.00	98.40
248082	2	T1019	1C		06/18/13	06/18/13	6.00	98.40
248082	3	T1019	1C		06/19/13	06/19/13	6.00	98.40
248082	4	T1019	1C		06/20/13	06/20/13	6.00	98.40
248082	5	T1019	1C		06/21/13	06/21/13	6.00	98.40
CLAIM TOTAL								492.00

CLAIM ACCOUNT REF. 2480820012011870SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012213 2012213 BERRY, ANGELINA 10/21/1956 1784 456200  
DIAGNOSIS CODES: 438.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248083	1	T1019	1C		06/15/13	06/15/13	4.00	65.60
248083	2	T1019	1C		06/16/13	06/16/13	3.75	61.50
248083	3	T1019	1C		06/17/13	06/17/13	4.00	65.60

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

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248083	4	T1019	1C		06/18/13	06/18/13	4.00	65.60
248083	5	T1019	1C		06/19/13	06/19/13	4.00	65.60
248083	6	T1019	1C		06/20/13	06/20/13	4.00	65.60
248083	7	T1019	1C		06/21/13	06/21/13	4.00	65.60
CLAIM TOTAL								455.10

CLAIM ACCOUNT REF. 2480830012012213SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012097 2013010 RODRIGUEZ, SILVIO 11/03/1930 9624 446238  
DIAGNOSIS CODES: 290.0 280.9 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248089	1	T1019	1C		06/15/13	06/15/13	8.00	131.20
248089	2	T1019	1C		06/16/13	06/16/13	8.00	131.20
248089	3	T1019	1C		06/17/13	06/17/13	8.00	131.20
248089	4	T1019	1C		06/18/13	06/18/13	8.00	131.20
248089	5	T1019	1C		06/19/13	06/19/13	8.00	131.20
248089	6	T1019	1C		06/20/13	06/20/13	12.00	196.80
248089	7	T1019	1C		06/21/13	06/21/13	8.00	131.20
CLAIM TOTAL								984.00

CLAIM ACCOUNT REF. 2480890012013010SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2013320 2013320 PEREZ, RAFAELA 12/05/1934 8249 468055  
DIAGNOSIS CODES: 781.2

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248086	1	T1019	1C		06/15/13	06/15/13	23.00	377.20
248086	2	T1019	1C		06/16/13	06/16/13	24.00	393.60
248086	3	T1019	1C		06/17/13	06/17/13	24.00	393.60
248086	4	T1019	1C		06/18/13	06/18/13	23.50	385.40
248086	5	T1019	1C		06/19/13	06/19/13	22.25	364.90
248086	6	T1019	1C		06/20/13	06/20/13	24.00	393.60
248086	7	T1019	1C		06/21/13	06/21/13	11.00	180.40
CLAIM TOTAL								2,488.70

CLAIM ACCOUNT REF. 2480860012013320SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2011990 2013361 POLANCO, BRIGIDA 07/04/2012 9575 464363  
DIAGNOSIS CODES: 369.4 401.9

INV #	LINE #	PROCEDURE	CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248087	1	T1019	1C		06/15/13	06/15/13	12.00	196.80
248087	2	T1019	1C		06/16/13	06/16/13	12.00	196.80
248087	3	T1019	1C		06/17/13	06/17/13	12.00	196.80
248087	4	T1019	1C		06/18/13	06/18/13	12.00	196.80

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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PROVIDER ID = 113502051                      SUNNYSIDE CITYWIDE                      NPI = 1154407492  
PAYER ID = ICS01                      ICS

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248087	5	T1019 1C		06/19/13	06/19/13	12.00	196.80	
248087	6	T1019 1C		06/20/13	06/20/13	12.00	196.80	
248087	7	T1019 1C		06/21/13	06/21/13	12.00	196.80	
					CLAIM TOTAL		1,377.60	CLAIM ACCOUNT REF. 2480870012013361SUP

REG	LOC	CLIENT	SERVICE	NAME	BIRTH DATE	RECIPIENT ID	PRIOR AUTHORIZATION #
NY	001	2013470	2013470	RIVERS, DEBRA	09/14/1958	9863	468763
DIAGNOSIS CODES: 907.2    135.    344.1    493.90    564.81    592.0    596.54							

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT	
248088	1	T1019 1C		06/15/13	06/15/13	12.00	196.80	
248088	2	T1019 1C		06/16/13	06/16/13	12.00	196.80	
248088	3	T1019 1C		06/17/13	06/17/13	11.00	180.40	
248088	4	T1019 1C		06/18/13	06/18/13	12.00	196.80	
248088	5	T1019 1C		06/19/13	06/19/13	12.00	196.80	
248088	6	T1019 1C		06/20/13	06/20/13	10.50	172.20	
248088	7	T1019 1C		06/21/13	06/21/13	10.75	176.30	
					CLAIM TOTAL		1,316.10	CLAIM ACCOUNT REF. 2480880012013470SUP

PAYER TOTALS:	ICS	# OF CLAIMS =	50	TOTAL CLAIM AMOUNT =	7,933.50
		# SERVICES =	8		

REPORT DATE 06/26/13                      SUNNYSIDE CITYWIDE  
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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 GOMEZ, AGUSTINA 05/15/1933 JRX53860E01 2013051715500001  
DIAGNOSIS CODES: 230.3 153.0 401.9 733.00 V60.3  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248079	1	T1019	0580	06/15/13	06/15/13	36.00	151.92
248079	2	T1019	0580	06/16/13	06/16/13	36.00	151.92
248079	3	T1019	0580	06/17/13	06/17/13	24.00	101.28
248079	4	T1019	0580	06/18/13	06/18/13	36.00	151.92
248079	5	T1019	0580	06/19/13	06/19/13	36.00	151.92
248079	6	T1019	0580	06/20/13	06/20/13	36.00	151.92
248079	7	T1019	0580	06/21/13	06/21/13	36.00	151.92
CLAIM TOTAL							1,012.80
							CLAIM ACCOUNT REF. 2480790012010800SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2008396 2010804 ZAMBRANO, ZOILA 12/03/1938 JSV04323R01 2013031115500001  
DIAGNOSIS CODES: 250.11 272.0 401.9 435.9 586.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248081	1	T1019	0580	06/18/13	06/18/13	16.00	67.52
248081	2	T1019	0580	06/19/13	06/19/13	16.00	67.52
248081	3	T1019	0580	06/20/13	06/20/13	16.00	67.52
248081	4	T1019	0580	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							270.08
							CLAIM ACCOUNT REF. 2480810012010804SUP

REG LOC CLIENT SERVICE NAME BIRTH DATE RECIPIENT ID PRIOR AUTHORIZATION #  
NY 001 2012890 2012890 SCOTT, AKHNATON 04/28/1992 JPQ4958E01 2013053115500003  
DIAGNOSIS CODES: 299.00 317.  
DOCTOR: NAME: CITYWIDE, SUNNYSIDE NPI: 1154407492

INV #	LINE #	PROCEDURE CODE	REVENUE CD	FROM DT	THRU DT	UNITS	AMOUNT
248080	1	T1019	0580	06/10/13	06/10/13	16.00	67.52
248080	2	T1019	0580	06/11/13	06/11/13	16.00	67.52
248080	3	T1019	0580	06/12/13	06/12/13	16.00	67.52
248080	4	T1019	0580	06/13/13	06/13/13	16.00	67.52
248080	5	T1019	0580	06/14/13	06/14/13	16.00	67.52
248080	6	T1019	0580	06/17/13	06/17/13	16.00	67.52
248080	7	T1019	0580	06/18/13	06/18/13	16.00	67.52
248080	8	T1019	0580	06/19/13	06/19/13	16.00	67.52
248080	9	T1019	0580	06/20/13	06/20/13	16.00	67.52
248080	10	T1019	0580	06/21/13	06/21/13	16.00	67.52
CLAIM TOTAL							675.20
							CLAIM ACCOUNT REF. 2480800012012890SUP

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

PAYER TOTALS:	HEALTHCARE PARTNERS IPA I	# OF CLAIMS =	21	TOTAL CLAIM AMOUNT =	1,958.08
		# SERVICES =	3		

PROVIDER TOTALS:	SUNNYSIDE CITYWIDE	# OF CLAIMS =	903	TOTAL CLAIM AMOUNT =	113,826.47
		# SERVICES =	160		