



CUSTOMER'S RECEIPT

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

**NOT
NEGOTIABLE**

Pay to

Address

*U.S. District
719 Church St
Nashville, TN 37203*

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Serial Number
28224042963

Year, Month, Day

2022-07-15

Post Office

114310

Amount

\$248.50

Clerk

28

CHASE

Ross C. Cunningham
Officer
Relationship Banker
NMLS ID: 965970

Consumer Banking
NY1-0205
161-10 Jamaica Avenue
Jamaica, NY 11432

Phone: 718 523 4796
eFax: 855 322 1467
Service Center: 800 935 9935
Service Line: 800 935 9935
JPMorgan Chase Bank, N.A.

BALANCING YOUR CHECKBOOK

Use the following worksheet to reconcile your checking account.

Mark in your checkbook all additions and subtractions reported on your statement.

1. Write in the ending balance shown on this statement → \$ 20,313.94

2. List all deposits and other additions (such as transfers) not shown on this statement and add the total to the ending balance.

_____	_____
_____	_____
_____	_____
_____	_____

Total all deposits and additions → + \$ _____

3. List all withdrawals and other subtractions (such as outstanding checks and banking card transactions) not shown on this statement. Then subtract this total from the ending balance.

Check Number	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total all withdrawals and subtractions → - \$ _____

4. This total should match the current balance in your checkbook → = \$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Telephone or write the bank (Consumer phone # and address on front of statement) and non-consumers contact Customer Service if you think your statement is wrong, or if you need more information about a transaction listed on the statement or receipt. We must hear from you no later than 60 days after we sent you the first statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, we must hear from you no later than 30 days after the statement was made available to you. For more complete details, see the account rules and regulations that govern your account.

BILLING RIGHTS SUMMARY

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL: If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet of paper at the address listed on the front of your statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- Describe the error and explain, if you can, why you believe there is an error; if you need more information, describe the item you are unsure of
- Your signature and the date

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

SPECIAL RULE FOR CREDIT CARD PURCHASES: If you have a problem with the quality of goods or services that you purchased with a credit card and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You have this protection only when the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)





JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 260180
 Baton Rouge, LA 70826-0180

March 31, 2007 through April 30, 2007
 Account Number: 000778500430465

CUSTOMER SERVICE INFORMATION

WebSite: www.Chase.com
 Service Center: 1-800-242-7338
 Hearing Impaired: 1-800-242-7383
 Para Espanol: 1-888-622-4273
 International Calls: 1-713-262-1679



00001809 DDA 802 2A 12307 - NNN 1 000000262 D3 0000

HARRY'S NURSES REGISTRY INC
 PAYROLL ACCT
 88-25 163RD ST
 JAMAICA NY 11432-4046

EFFECTIVE JULY 1, 2007, YOUR ACCOUNT RULES AND REGULATIONS WILL REFLECT INCREASES TO SEVERAL FEES INCLUDING; STOP PAYMENTS TO \$32; FOREIGN INCOMING WIRE TRANSFERS TO \$15. PLEASE SEE THE END OF YOUR STATEMENT FOR THE COMPLETE LISTING OF THESE CHANGES.

CHECKING SUMMARY

Chase BusinessCustom Checking

	INSTANCES	AMOUNT
Beginning Balance		\$7,386.45
Deposits and Additions	4	500,000.00
Checks Paid	262	- 475,447.58
ATM & Debit Card Withdrawals	20	- 4,086.07
Electronic Withdrawals	2	- 7,538.86
Ending Balance	288	\$20,313.94

This message confirms that you have overdraft protection on your checking account.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
04/02	Online Transfer From Chk XXXXXXXX0466 Transaction#: 60437047	\$200,000.00
04/05	Online Transfer From Chk XXXXXXXX0466 Transaction#: 60998332	40,000.00
04/12	Online Transfer From Chk XXXXXXXX0466 Transaction#: 62119304	20,000.00
04/19	Online Transfer From Chk XXXXXXXX0466 Transaction#: 63175992	240,000.00
Total Deposits and Additions		\$500,000.00

00018090401000007714



Case Verification Number: 2014169132749RU

Report prepared: 07/14/2022

Company Information

Company ID: 191327

Company Name: HARRYS NURSES REGISTRY,
INC

Client Company ID: 191327

Client Company Name: HARRYS NURSES
REGISTRY, INC

Employee Information

Name: CLAUDIA GAYLE

Other Last Names Used: CECILE

Date of Birth: 10/30/1967

U.S. Social Security Number: ***-**-9064

Employee's First Day of Employment:
07/07/2009

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

State: New York

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By:

Current Case Result: Close Case and Resubmit

Reason for Closure: Employee is no longer
employed.

Reason for Remaining Employed: N



Case Verification Number: 2009070113921GA

Report prepared: 07/14/2022

Company Information

Company ID: 191327

Company Name: HARRYS NURSES REGISTRY,
INC

Client Company ID: 191327

Client Company Name: HARRYS NURSES
REGISTRY, INC

Employee Information

Name: CLAUDIA MATHIAS

Date of Birth: 10/30/1967

U.S. Social Security Number: ***-**-9064

Employee's First Day of Employment:
03/11/2009

Citizenship Status: U.S. Citizen

Document Information

Case Information

Case Status: Closed

Case Submitted By:

Current Case Result: Close Case and Resubmit

Reason for Closure: FNC – Administratively
closed by DHS

Reason for Remaining Employed: U



Case Verification Number: 2009070113516LF

Report prepared: 07/14/2022

Company Information

Company ID: 191327

Company Name: HARRYS NURSES REGISTRY,
INC

Client Company ID: 191327

Client Company Name: HARRYS NURSES
REGISTRY, INC

Employee Information

Name: CLAUDIA GAYLE

Date of Birth: 10/30/1967

U.S. Social Security Number: ***-**-9064

Employee's First Day of Employment:
03/11/2009

Citizenship Status: U.S. Citizen

Document Information

Case Information

Case Status: Closed

Case Submitted By:

Current Case Result: Close Case and Resubmit

Reason for Closure: FNC – Administratively
closed by DHS

Reason for Remaining Employed: U

Re: Gayle et al. v. Harry's Nurses Registry, Inc. and Harry Dorvilier a/k/a/ Harry Dorvilien

Case Number: 07-4672

Name(s) and Address(es) of Parties against whom Judgment(s) have been obtained	Name(s) and Address(es) of Parties in whose favor Judgment(s) have been obtained
Harry's Nurses Registry, Inc. 88-25 163rd Street Jamaica, New York 11432 Harry Dorvilier, a/k/a Harry Dorvilien 88-25 163rd Street Jamaica, New York 11432	(see attached rider)

Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
\$619,071.76	Jonathan A. Bernstein Levy Davis & Maher, LLP 39 Broadway, suite 1620 New York, New York 10006	September 19, 2012

UNITED STATES OF AMERICA,
CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
EASTERN DISTRICT OF NEW YORK

I CERTIFY that the foregoing is a correct Abstract of the Judgment.

Dated: OCT 04 2012, New York

DOUGLAS C. PALMER, Clerk of Court

Elizabeth Loddard
By, Deputy Clerk

Re: CLAUDIA GAYLE et al v. HARRY'S NURSES REGISTRY etc.

Case Number: 07 Civ. 4672 (NGG)(MDG)

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HARRY'S NURSES REGISTRY, INC. 88-25 163rd Street Jamaica, NY 11432 -and- HARRY DORVILIER a/k/a HARRY DORVILIEN 128-47 233rd Street Rosedale, NY 11422	RAMDEO CHANKAR SINGH 111-33 127th Street South Ozone Park, NY 11420

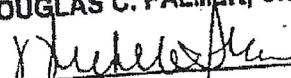
Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
\$300.00	LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006 Tel: (212) 371-0033	10/22/13

UNITED STATES OF AMERICA,
 CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
 EASTERN DISTRICT OF NEW YORK

I CERTIFY that the foregoing is a correct Abstract of the Judgment

Dated: NOV 18 2013 New York

DOUGLAS C. PALMER, Clerk of Court


 By, Deputy Clerk

Re: CLAUDIA GAYLE et al v. HARRY'S NURSES REGISTRY etc.

Case Number: 07 Civ. 4672 (NGG)(MDG)

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Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
<p>\$118,512.00</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006 Tel: (212) 371-0033</p>	<p>10/22/13</p>

UNITED STATES OF AMERICA,
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DOUGLAS C. PALMER, Clerk of Court

Douglas C. Palmer
By, Deputy Clerk

Re: CLAUDIA GAYLE et al v. HARRY'S NURSES REGISTRY etc.

Case Number: 07 Civ. 4672 (NGG)(MDG)

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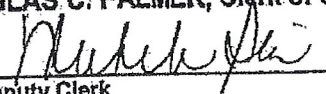
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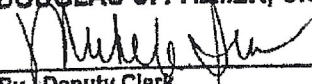
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<p>\$6,512.00</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006 Tel: (212) 371-0033</p>	<p>10/22/13</p>

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Dated: _____, New York
NOV 18 2013
DOUGLAS C. PALMER, Clerk of Court


By, Deputy Clerk

Re: **CLAUDIA GAYLE et al v HARRY'S NURSES REGISTRY etc.**

Case Number: **07 Civ. 4672 (NGG) (MDG)**

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Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
<p>\$41,429.17</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006</p>	<p>April 15, 2015</p>

**UNITED STATES OF AMERICA,
 CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
 EASTERN DISTRICT OF NEW YORK**

I CERTIFY that the foregoing is a correct Abstract of the Judgment.

MAY 14 2015 dated: *Brooklyn*, New York

DOUGLAS C. PALMER, Clerk of Court

R. Tarone
 By, Deputy Clerk

Re: CLAUDIA GAYLE et al v. HARRY'S NURSES REGISTRY etc.

Case Number: 07 Civ. 4672 (NGG)(MDG)

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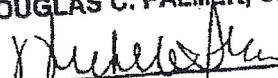
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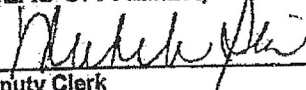
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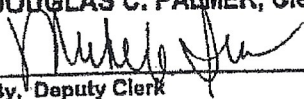
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MAY 14 2015 Dated: *Brooklyn*, New York

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R. Tarant
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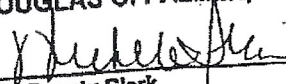
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<p>\$1,140.00</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006 Tel: (212) 371-0033</p>	<p>10/22/13</p>

UNITED STATES OF AMERICA,
CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
EASTERN DISTRICT OF NEW YORK

I CERTIFY that the foregoing is a correct Abstract of the Judgment

Dated: NOV 18 2013 New York

DOUGLAS C. PALMER, Clerk of Court


By, Deputy Clerk

Re: CLAUDIA GAYLE et al v. HARRY'S NURSES REGISTRY etc.

Case Number: 07 Civ. 4672 (NGG)(MDG)

Name(s) and Address(es) of Parties against whom Judgment(s) have been obtained	Name(s) and Address(es) of Parties in whose favor Judgment(s) have been obtained
<p>HARRY'S NURSES REGISTRY, INC. 88-25 163rd Street Jamaica, NY 11432</p> <p>-and-</p> <p>HARRY DORVILIER a/k/a HARRY DORVILIEU 128-47 233rd Street Rosedale, NY 11422</p>	<p>JANE BURKE HYLTON 948 W. 93rd St., 1st Flr. Brooklyn, NY 11236</p>

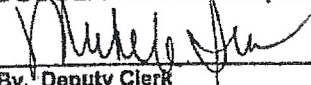
Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
<p>\$6,512.00</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006 Tel: (212) 371-0033</p>	<p>10/22/13</p>

UNITED STATES OF AMERICA,
CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
EASTERN DISTRICT OF NEW YORK

I CERTIFY that the foregoing is a correct Abstract of the Judgment

Dated: _____, New York

NOV 18 2013
DOUGLAS C. PALMER, Clerk of Court


By, Deputy Clerk

Re: **CLAUDIA GAYLE et al v HARRY'S NURSES REGISTRY etc.**

Case Number: **07 Civ. 4672 (NGG) (MDG)**

Name(s) and Address(es) of Parties against whom Judgment(s) have been obtained	Name(s) and Address(es) of Parties in whose favor Judgment(s) have been obtained
<p>HARRY'S NURSES REGISTRY, INC. 88-25 163rd Street Jamaica, NY 11432</p> <p style="text-align: center;">-and-</p> <p>HARRY DORVILIER a/k/a HARRY DORVILIEN 128-47 233rd Street Rosedale, NY 11422</p>	<p>CLAUDIA GAYLE 39 Broadway, #1620 New York, NY 10006</p>

Amount of Judgment(s)	Name(s) and Address(es) of Attorney(s)	Entry Date of Judgment(s)
<p>\$41,429.17</p>	<p>LEVY DAVIS & MAHER, LLP 39 Broadway, Ste. 1620 New York, NY 10006</p>	<p>April 15, 2015</p>

**UNITED STATES OF AMERICA,
 CLERK'S OFFICE U.S. DISTRICT COURT FOR THE
 EASTERN DISTRICT OF NEW YORK**

I CERTIFY that the foregoing is a correct Abstract of the Judgment

MAY 14 2015 Dated: Brooklyn, New York

DOUGLAS C. PALMER, Clerk of Court

By: *R. Tavano*
 Deputy Clerk

Gayle Claudia 2007				
Date	Check#	Amount		
3/7/2007	29694	456		
3/21/2007	29731	1,292.00		
4/4/2007	29783	2,622.00		
4/18/2007	29984	1,064.00		
5/2/2007	30143	2,688.50		
5/16/2007	30239	2,698.00		
5/30/2007	30318	2,679.00		
6/13/2007	30545	2,014.00		
6/27/2007	30581	2,679.00		
7/11/2007	30720	2,679.00		
7/25/2007	30966	2,717.00		
8/8/2007	31175	2,498.50		
8/22/2007	26310	2,052.00		
9/5/2007	26459	3,192.00		
9/19/2007	26602	2,964.00		
10/3/2007	31388	2,052.00		
10/17/2007	31524	1,675.00		
10/31/2007	31595	2,546.00		
11/14/2007	31732	2,736.00		
11/28/2007	31979	844.00		
Total		44148		

Nurses Nam: Claudia Gayle

Patient Name	Medicaid No	Weekending	Date	Hours	Check Date	Check #	Amount	Hours	Notes
Gluck Rosa	RG36400G	3/2/2007	2/27/2007	12					
			3/1/2007	12	3/7/2007	29694	456.00	24	
		3/9/2007	3/4/2007	12					
			3/5/2007	11					
			3/6/2007	11					
Gluck Rosa	RG36400G	3/16/2007	3/11/2007	23					
			3/12/2007	11	3/21/2007	29731	1,292.00	68	
Castillo James	VZ70706p	3/23/2007	3/18/2007	16					
			3/19/2007	12					
			3/20/2007	12					
			3/21/2007	12					
			3/22/2007	12					
			3/23/2007	3					
Castillo James	VZ70706p	3/30/2007	3/25/2007	12					
			3/26/2007	12					
			3/27/2007	10					
			3/28/2007	12					
			3/29/2007	12					
			3/30/2007	13	4/4/2007	29783	2,622.00	138	
Lu Men Ting	UX99883D	4/13/2007	4/9/2007	16					
			4/11/2007	16					
Noveck Mark	RE27712D	4/13/2007	4/12/2007	12					
			4/13/2007	12	4/18/2007	29984	1,064.00	56	
Noveck Mark	RE27712D	4/20/2007	4/14/2007	11					
			4/15/2007	12					
			4/16/2007	12					
			4/17/2007	12					
			4/18/2007	12					
			4/19/2007	12					
Noveck Mark	RE27712D	4/27/2007	4/21/2007	10.5					
			4/22/2007	12					
			4/23/2007	12					
			4/24/2007	12					
			4/25/2007	12					
			4/26/2007	12	5/2/2007	30143	2,688.50	141.5	
Noveck Mark	RE27712D	5/4/2007	4/28/2007	11					
			4/29/2007	12					
			4/30/2007	12					
			5/1/2007	12					
			5/2/2007	12					
			5/3/2007	12					

Nurses Nam Claudia Gayle

Patient Name	Medicaid No	Weekending	Date	Hours	Check Date	Check #	Amount	Hours	Notes
Noveck Mark	RE27712D	5/11/2007	5/5/2007	11					
			5/6/2007	12					
			5/7/2007	12					
			5/8/2007	12					
			5/9/2007	12					
			5/10/2007	12	5/16/2007	30239	2,698.00	142	
Noveck Mark	RE27712D	5/18/2007	5/12/2007	10.5					
			5/13/2007	12					
			5/14/2007	12					
			5/15/2007	12					
			5/16/2007	12					
			5/17/2007	12					
Noveck Mark	RE27712D	5/25/2007	5/19/2007	10.5					
			5/20/2007	12					
			5/21/2007	12					
			5/22/2007	12					
			5/23/2007	12					
			5/24/2007	12	5/30/2007	30318	2,679.00	141	
Noveck Mark	RE27712D	6/1/2007	5/29/2007	12					
			5/30/2007	12					
			5/31/2007	12					
Noveck Mark	RE27712D	6/8/2007	6/2/2007	11					
			6/3/2007	12					
			6/4/2007	12					
			6/5/2007	12					
			6/6/2007	12					
			6/7/2007	11	6/13/2007	30545	2,014.00	106	
Noveck Mark	RE27712D	6/15/2007	6/9/2007	11					
			6/10/2007	12					
			6/11/2007	12					
			6/12/2007	12					
			6/13/2007	12					
			6/14/2007	12					
Noveck Mark	RE27712D	6/22/2007	6/16/2007	10					
			6/17/2007	12					
			6/18/2007	12					
			6/19/2007	12					
			6/20/2007	12					
			6/21/2007	12	6/27/2007	30581	2,679.00	141	
Noveck Mark	RE27712D	6/29/2007	6/23/2007	10					
			6/24/2007	12					
			6/25/2007	12					
			6/26/2007	12					
			6/27/2007	12					
			6/28/2007	12					

Nurses Name: Claudia Gayle

Patient Name	Medicaid No	Weekending	Date	Hours	Check Date	Check #	Amount	Hours	Notes
Noveck Mark	RE27712D	7/6/2007	6/30/2007	11					
			7/1/2007	12					
			7/2/2007	12					
			7/3/2007	12					
			7/4/2007	12					
			7/5/2007	12	7/11/2007	30720	2,679.00	141	
Noveck Mark	RE27712D	7/13/2007	7/7/2007	11					
			7/8/2007	12					
			7/9/2007	12					
			7/10/2007	12					
			7/11/2007	12					
			7/12/2007	12					
			7/13/2007	12					
Noveck Mark	RE27712D	7/20/2007	7/15/2007	12					
			7/16/2007	12					
			7/17/2007	12					
			7/18/2007	12					
			7/19/2007	12	7/25/2007	30966	2,717.00	143	
Noveck Mark	RE27712D	7/27/2007	7/21/2007	11.5					
			7/22/2007	12					
			7/23/2007	12					
			7/24/2007	12					
			7/25/2007	12					
			7/26/2007	12					
Noveck Mark	RE27712D	8/3/2007	7/30/2007	12					
			7/31/2007	12					
			8/1/2007	12					
			8/2/2007	12					
			8/3/2007	12	8/8/2007	31175	2,498.50	131.5	
Noveck Mark	RE27712D	8/10/2007	8/4/2007	12					
			8/5/2007	12					
			8/6/2007	12					
			8/7/2007	12					
Noveck Mark	RE27712D	8/17/2007	8/13/2007	12					
			8/14/2007	12					
			8/15/2007	12					
			8/16/2007	12					
			8/17/2007	12	8/22/2007	26310	2,052.00	108	
Noveck Mark	RE27712D	8/24/2007	8/18/2007	12					
			8/19/2007	12					
			8/20/2007	12					
			8/21/2007	12					
			8/22/2007	12					
			8/23/2007	12					
			8/24/2007	12					

Nurses Name: Claudia Gayle

Patient Name	Medicaid No	Weekending	Date	Hours	Check Date	Check #	Amount	Hours	Notes
Noveck Mark	RE27712D	8/31/2007	8/25/2007	12					
			8/26/2007	12					
			8/27/2007	12					
			8/28/2007	12					
			8/29/2007	12					
			8/30/2007	12					
			8/31/2007	12	9/5/2007	26459	3,192.00	168	
Noveck Mark	RE27712D	9/7/2007	9/1/2007	12					
			9/2/2007	12					
			9/3/2007	12					
			9/4/2007	12					
			9/5/2007	12					
			9/6/2007	12					
			9/7/2007	12					
Noveck Mark	RE27712D	9/14/2007	9/9/2007	12					
			9/10/2007	12					
			9/11/2007	12					
			9/12/2007	12					
			9/13/2007	12					
			9/14/2007	12	9/19/2007	26602	2,964.00	156	
Noveck Mark	RE27712D	9/21/2007	9/15/2007	12					
			9/16/2007	12					
			9/17/2007	12					
			9/18/2007	12					
			9/19/2007	12					
Noveck Mark	RE27712D	9/28/2007	9/25/2007	12					
			9/26/2007	12					
			9/27/2007	12					
			9/28/2007	12	10/3/2007	31388	2,052.00	108	
Noveck Mark	RE27712D	10/5/2007	9/29/2007	12					
			9/30/2007	3					
Lichtenthal Sally	DS64230W	10/5/2007	10/2/2007	9					
			10/5/2007	12					
Lichtenthal Sally	DS64230W	10/12/2007	10/9/2007	12					
			10/11/2007	12					
			10/12/2007	12	10/17/2007	31524	1,675.00	72	
Lichtenthal Sally	DS64230W	10/19/2007	10/15/2007	11					
			10/16/2007	12					
			10/18/2007	12					
			10/19/2007	12					
Schlussel Elias	SJ40172Q	10/19/2007	10/14/2007	14					

Nurses Name: claudia Gayle

Patient Name	Medicaid No	Weekending	Date	Hours	Check Date	Check #	Amount	Hours	Notes
Lichtenthal Sally	DS64230W	10/26/2007	10/20/2007	11					
			10/21/2007	11					
			10/23/2007	23					
			10/25/2007	12					
			10/26/2007	12	10/31/2007	31595	2,546.00	130	
Lichtenthal Sally	DS64230W	11/2/2007	10/27/2007	12					
			10/28/2007	12					
			10/29/2007	12					
			10/30/2007	12					
			11/1/2007	12					
			11/2/2007	12					
Lichtenthal Sally	DS64230W	11/9/2007	11/3/2007	12					
			11/4/2007	12					
			11/5/2007	12					
			11/6/2007	12					
			11/8/2007	12					
			11/9/2007	12	11/14/2007	31732	2,736.00	144	
Lichtenthal Sally	DS64230W	11/16/2007	11/11/2007	12					
			11/12/2007	12					
			11/13/2007	12	11/28/2007	31979	844.00	36	
Total :				2,295.00			44,148.00		

Patient Name	Medicaid No
Castillo James	VZ70706P
Gluck Rosa	RG36400G
Lichtenthal Sally	DS64230W
Lu Men Ting	UX99883D
Noveck Mark	RE27712D
Schlusssel Elias	SJ40172Q

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 08/30/2007

PROCESS DATE: 08/31/2007
PROCESS TIME: 02:00:53
PAGE: 2 of 3

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : JAMES S CASTILLOOROJAS

CLIENT ID : VZ70706P

PA NUMBER : 71016152287 REVIEWER NAME : THERESA DEMPSEY

SUBMISSION DATE : 08/13/2007 ORDER DATE : 05/18/2007

PA LINE NBR : 0001 DETERMINATION : APPROVED AS MODIFIED 08/30/2007

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY :	2,184.000	TIMES : 182	AMOUNT :	51,738.96
APPROVED QUANTITY :	1,680.000	TIMES : 140	AMOUNT :	39,799.20

PERIOD OF SERVICE FROM : 05/18/2007 TO : 10/04/2007

ADDITIONAL INFORMATION :

Approved LPN 12hrs X 7days = 84hrs/wk X 20wks = 1680 total hrs @ \$23.69/hr. FOR RENEWAL UPDATED CHHA ASSESSMENT MUST BE RECEIVED OR PA WILL BE DENIED. This office requires an updated CHHA assessment every 6 months. Our records show the last CHHA received was 9/06.

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 07/25/2007

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : ROSA GLUCK

CLIENT ID : RG36400G

PA NUMBER :

REVIEWER NAME : MARY JANE VOGEL, RN

SUBMISSION DATE : 07/09/2007 ORDER DATE : 04/11/2007

PA LINE NBR : 0001 DETERMINATION : INACTIVATED 07/25/2007

PROCEDURE CODE/MODIFIER : S9123 NURSING CARE IN HOME RN

REQUESTED QUANTITY : 2,184.000 TIMES : 182 AMOUNT : 60,737.04

APPROVED QUANTITY : 0.000 TIMES : 0 AMOUNT :

PERIOD OF SERVICE FROM : 04/11/2007 TO : 10/09/2007

ADDITIONAL INFORMATION :

PA inactivated. All agencies share pa # 01013901600. A copy mailed to you.

PA LINE NBR : 0002 DETERMINATION : INACTIVATED 07/25/2007

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY : 2,002.000 TIMES : 182 AMOUNT : 47,427.38

APPROVED QUANTITY : 0.000 TIMES : 0 AMOUNT :

PERIOD OF SERVICE FROM : 04/14/2007 TO : 10/09/2007

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 07/06/2007

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : SALLY LICHTENTHAL

CLIENT ID : DS64230W

PA NUMBER : 31014885306 REVIEWER NAME : ANDREA CRAWFORD, RN

SUBMISSION DATE : 06/06/2007 ORDER DATE : 05/21/2007

* PA LINE NBR : 0001 DETERMINATION : APPROVED AS MODIFIED 07/06/2007

PROCEDURE CODE/MODIFIER : S9123 NURSING CARE IN HOME RN

REQUESTED QUANTITY : 2,184.000 TIMES : 182 AMOUNT : 78,624.00

APPROVED QUANTITY : 1,132.000 TIMES : 91 AMOUNT : 38,476.68

PERIOD OF SERVICE FROM : 05/21/2007 TO : 08/19/2007

ADDITIONAL INFORMATION :

7/6/07 TM CORRECTED HIGH TECH RATES RN@\$33.99/LPN\$27.81. ALSO 39HRS ADDED TO RN, TO REFLECT PERMANENT INCREASE OF 164HRS/WK X 13WK (WAS 161HRS NOW 164HRS, 3HRS X 13WKS= 39 ADD'L HRS)

* PA LINE NBR : 0002 DETERMINATION : APPROVED AS MODIFIED 07/06/2007

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY : 2,018.000 TIMES : 182 AMOUNT : 56,120.58

APPROVED QUANTITY : 1,000.000 TIMES : 91 AMOUNT : 27,810.00

PERIOD OF SERVICE FROM : 05/21/2007 TO : 08/19/2007

ADDITIONAL INFORMATION :

7/6/07 TM CORRECTED HIGH TECH RATES RN@\$33.99/LPN\$27.81. ALSO 39HRS ADDED TO RN, TO REFLECT PERMANENT INCREASE OF 164HRS/WK X 13WK (WAS 161HRS NOW 164HRS, 3HRS X 13WKS= 39 ADD'L HRS)

TOTAL NUMBER OF PA S ON THIS ROSTER	:	1	TOTAL NUMBER OF PA LINES ON THIS ROSTER	:	2
TOTAL NUMBER OF PA S APPROVED	:	0	TOTAL NUMBER OF PA LINES APPROVED	:	0
TOTAL NUMBER OF PA S APPROVED AS MODIFIED	:	1	TOTAL NUMBER OF PA LINES APPROVED AS MODIFIED	:	2
TOTAL NUMBER OF PA S PARTIALLY APPROVED	:	0			
TOTAL NUMBER OF PA S DENIED	:	0	TOTAL NUMBER OF PA LINES DENIED	:	0
TOTAL NUMBER OF PA S REJECTED	:	0	TOTAL NUMBER OF PA LINES REJECTED	:	0
TOTAL NUMBER OF PA S INACTIVE	:	0	TOTAL NUMBER OF PA LINES INACTIVE	:	0
TOTAL NUMBER OF PA S NO PA REQD	:	0	TOTAL NUMBER OF PA LINES NO PA REQD	:	0

Prior Approval does not guarantee payment. Payment is subject to Patient's eligibility and other guidelines specified in your Provider Manual. Be sure the Recipient's ID card is current before rendering service.

12.1/2

23 1/2

11

80
866
307 5549

REPORT: AM07000-R0600PR

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 04/09/2007

PROCESS DATE: 04/10/2007
PROCESS TIME: 02:01:09
PAGE: 1 of 4

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : TING M LU

CLIENT ID : UX99883D

PA NUMBER : 41013378714 REVIEWER NAME : LISABETH FEUSTEL, RN

SUBMISSION DATE : 03/19/2007 ORDER DATE : 03/09/2007

PA LINE NBR : 0001 DETERMINATION : APPROVED

04/09/2007 REASONS : M16 (See Following Text)

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY : 2,912.000 TIMES : 182 AMOUNT : 68,985.28

APPROVED QUANTITY : 2,912.000 TIMES : 182 AMOUNT : 68,985.28

PERIOD OF SERVICE FROM : 03/28/2007 TO : 09/25/2007

ADDITIONAL INFORMATION :

Apprvd 16hX5d plus 32h respite/wk LPN svces=112h/wk = 2912h for 26 wks.. All available hrs on this
PA.Rate \$23.69.

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 06/05/2007

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : MARK NOVECK

CLIENT ID : RE27712D

PA NUMBER : 81014556794 REVIEWER NAME : THERESA DEMPSEY

SUBMISSION DATE : 05/18/2007 ORDER DATE : 04/09/2007

PA LINE NBR : 0001 DETERMINATION : INACTIVATED 06/05/2007

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY : 2,184.000 TIMES : 182 AMOUNT : 51,738.96
APPROVED QUANTITY : 0.000 TIMES : 0 AMOUNT :

PERIOD OF SERVICE FROM : 03/12/2007 TO : 09/09/2007

ADDITIONAL INFORMATION :

Inactivated. See copy of PA # 11013394022 mailed to you. All agencies to share. Bill primary insurance first.

TOTAL NUMBER OF PA S ON THIS ROSTER	:	1	TOTAL NUMBER OF PA LINES ON THIS ROSTER	:	1
TOTAL NUMBER OF PA S APPROVED	:	0	TOTAL NUMBER OF PA LINES APPROVED	:	0
TOTAL NUMBER OF PA S APPROVED AS MODIFIED	:	0	TOTAL NUMBER OF PA LINES APPROVED AS MODIFIED	:	0
TOTAL NUMBER OF PA S PARTIALLY APPROVED	:	0	TOTAL NUMBER OF PA LINES DENIED	:	0
TOTAL NUMBER OF PA S DENIED	:	0	TOTAL NUMBER OF PA LINES REJECTED	:	0
TOTAL NUMBER OF PA S REJECTED	:	0	TOTAL NUMBER OF PA LINES INACTIVE	:	1
TOTAL NUMBER OF PA S INACTIVE	:	1	TOTAL NUMBER OF PA LINES NO PA REQD	:	0
TOTAL NUMBER OF PA S NO PA REQD	:	0			

*** END OF REPORT ***

REPORT: AM07000-R0600PR

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT
CYCLE DATE: 04/03/2007

PROCESS DATE: 04/04/2007
PROCESS TIME: 02:01:00
PAGE: 1 of 2

PRIVATE DUTY NURSING ROSTER FOR PROVIDER 01233509 HARRY'S NURSES REGISTRY INC

CLIENT NAME : ELIAS SCHLUSSEL

CLIENT ID : SJ40172Q

PA NUMBER : 61013211770 REVIEWER NAME : CHERYL FITZPATRICK, RN

SUBMISSION DATE : 03/09/2007 ORDER DATE : 01/26/2007

PA LINE NBR : 0001 DETERMINATION : APPROVED 04/03/2007

PROCEDURE CODE/MODIFIER : S9124 NURSING CARE, IN THE HOME; B

REQUESTED QUANTITY : 2,912.000 TIMES : 182 AMOUNT : 68,985.28

APPROVED QUANTITY : 2,912.000 TIMES : 182 AMOUNT : 68,985.28

PERIOD OF SERVICE FROM : 01/26/2007 TO : 07/26/2007

ADDITIONAL INFORMATION :

Approved LPN 16hx7d=112h/wkx26wks=2912 total hours @ \$23.69/hr.

Gayle Claudia (2007)

Date	Check No	Mount
5/2/2007	30143	2,688.50
5/16/2007	30239	2,698.00
5/30/2007		2,679.00
6/13/2007	30545	2,014.00
6/27/2022	30581	2,679.00
7/11/2007	30720	2,679.00
7/25/2007	30966	2,717.00
8/8/2007	31175	2,498.50
8/22/2007	26310	2,052.00
9/5/2007	26459	3,192.00
9/19/2007	26602	2,964.00
10/3/2007	31388	2,052.00
10/17/2007	31524	1,675.00
10/31/2007	31595	2,546.00
11/14/2007	31732	2,736.00
11/28/2007	31979	844.00
Total :		38,714.00



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

07/01/2022

Name : WILLIAMS CLAUDIA CECILE

Address : COVINGTON GA

Profession : REGISTERED PROFESSIONAL NURSING

License No: 628721

Date of Licensure : 04/19/2010

Additional Qualification :

Status : REGISTERED

Registered through last day of : 09/24

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- Note: The Board of Regents does not discipline *physicians(medicine)*, *physician assistants*, or *specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.





Office of the Professions

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License Information *

07/14/2022

Name : WILLIAMS CLAUDIA CECILE

Address : COVINGTON GA

Profession : LICENSED PRACTICAL NURSING

License No: 282455

Date of Licensure : 10/27/2005

Additional Qualification : Not applicable in this profession

Status : NOT REGISTERED

Registered through last day of : 09/10

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