

Please return top portion with your payment addressed to:

STUART I. ORSHER, M.D., P.C.
 DIPLOMATE, BOARD INTERNAL MEDICINE
 9 E 79TH ST
 NEW YORK, NY 10075-0123

Office phone: 212-535-3763

JEFFREY EPSTEIN
 9 EAST 71ST STREET
 NEW YORK, NY 10021

Please indicate any corrections to your address.

Receipt date 09/15/2017 STUART I. ORSHER, M.D., P.C.
 Patient account # 010224
 Patient name JEFFREY EPSTEIN
 Amount due \$ 0.00

receipt

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 Patient account # 010224
 Patient name JEFFREY EPSTEIN
 Amount due \$ 0.00

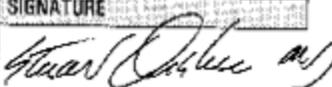
Amount enclosed \$

PLEASE SEND TOP PORTION TO YOUR INSURANCE COMPANY.
 RETAIN BOTTOM RIGHT PORTION FOR YOUR RECORDS.
 SEND BOTTOM LEFT PORTION WITH YOUR PAYMENT.
 PAYMENT IS REQUESTED AT TIME OF SERVICE.
 PLEASE RETAIN THIS PORTION FOR YOUR TAX RECORDS.

YOUR CREDIT CARD # _____
 DATE OF EXPIRATION: _____
 CARD NAME: _____
 SIGNATURE: X _____
 TODAY'S DATE: _____

Diagnosis for: JEFFREY EPSTEIN
 Patient account # 010224
 Date of Birth: 01/20/1953
 A>Z23 ENCOUNTER FOR IMMUNIZATION

FROM DATE	TO DATE	LOC	PROCEDURE CODE	DESCRIPTION	DAYS/ UNITS	SERVICE AMOUNT	ICD CODE	CHARGES	CREDITS	
09/15/17	09/15/17	11	90688 AM	(S) FLUZONE QUADRIVALENT (F) AMERICAN EXPRESS			A	95.00	95.00	
								TOTALS	95.00	95.00

PHYSICIAN OR PROVIDER		NPI NO.		PROVIDER ID NUMBERS	
STUART ORSHER, M.D.		1407993462		PROV NPI: 1346442993	
SIGNATURE	DATE	LICENSE NO.	PATIENT REFERRED BY:		
	09/15/2017	127681			
PERFORMED AT		TAX ID NO.			
STUART ORSHER, M.D., P.C.		13-3039913			
NINE EAST SEVENTY-NINTH STREET NEW YORK, NY 10075-0123					
		BALANCE PRIOR TO 09/15/2017	\$	0.00	
		CHARGES 09/15/2017-09/15/2017	\$	95.00	
		CREDITS	\$	95.00	
		PLEASE PAY THIS AMOUNT >	\$	0.00	