

JEFFREY EPSTEIN
6100 RED HOOK QUARTER, B3
ST. THOMAS, USVI 00802-1348

DEUTSCHE BANK TRUST
COMPANY AMERICAS
NEW YORK, NEW YORK 10154
1-103/210

9/14/2017

PAY TO THE ORDER OF Jordan Josephson

\$ **470.00

Four Hundred Seventy and 00/100***** DOLLARS

Jordan Josephson
425 Madison Avenue, 9th Floor
New York, NY 10017


AUTHORIZED SIGNATURE

MEMO
Jeffrey Epstein Account # 0028147

⑈00⑆⑆39⑈ ⑆02⑆00⑆033⑆ 05 ⑈3526969⑆⑈

Security features. Details on back.

JEFFREY EPSTEIN

Jordan Josephson

9/14/2017

1139

470.00

DB JEE ckg 3526969 Jeffrey Epstein Account # 0028147

470.00

JEFFREY EPSTEIN

Jordan Josephson

9/14/2017

1139

470.00

PAYMENT RECORD

DB JEE ckg 3526969 Jeffrey Epstein Account # 0028147

470.00

DELUXE CORP 1+800-328-0304

REMIT TO:

JORDAN JOSEPHSON
 425 MADISON AVENUE- 9TH FLOOR
 NEW YORK, NY 10017

Phone: [REDACTED]
 Fax : [REDACTED]

JEFFREY EPSTEIN
 9 EAST 71 STREET
 NEW YORK, NY 10021

Patient Name	
EPSTEIN, JEFFREY	
Account No.	Statement Date
0028147	9/14/2017
Amount Enclosed	

For services from: 8/30/2017 to 8/30/2017

V V V

V V V

Patient: JEFFREY EPSTEIN

For services from 8/30/2017 to 8/30/2017

Date	Description	Charges	Receipts	Adjustments	Balance	
					Insurance	Patient
08/30/2017	Expected for services performed : 08/30/2017	\$470.00			\$0.00	\$470.00
08/30/2017	99203 INITIAL VISIT	\$470.00			\$0.00	\$470.00
	<u>Total for services :</u>	\$470.00	\$0.00	\$0.00	\$0.00	\$470.00

Provider: DR JORDAN JOSEPHSON. Tax Id #11-3193728. NPI #1194883660

			AMOUNT DUE FROM PATIENT		\$470.00
			AMOUNT PENDING INSURANCE		\$0.00
STATEMENT DATE	ACCOUNT NO.	CURRENT AMOUNT DUE	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS
9/14/2017	0028147	\$470.00	\$0.00	\$0.00	\$0.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

From: **Lesley Groff** lesley.jee@gmail.com
 Subject: **Fwd: Statement - Dr. Josephson's Office**
 Date: **September 14, 2017 at 2:39 PM**
 To: **Bella Klein** bklein575@gr



Hi Bella...can you please send a check for this..I tried to pay with CC but they must have a swipe of card to do...they prefer a check...thanks!

Begin forwarded message:

From: [REDACTED]
Subject: Statement - Dr. Josephson's Office
Date: September 14, 2017 at 2:36:28 PM EDT
To: [REDACTED]

Lesley,

Attached is the statement for Mr. Epstein's office consult with Dr. Josephson for his attention.

Regards.

Judy
 Billing Dept.

REMIT TO:

JORDAN JOSEPHSON
 425 MADISON AVENUE- 9TH FLOOR
 NEW YORK, NY 10017
 Phone: (212)717-1773
 Fax: (212)472-0134

JEFFREY EPSTEIN
 9 EAST 71 STREET
 NEW YORK, NY 10021

Patient Name	
EPSTEIN, JEFFREY	
Account No.	Statement Date
0028147	9/14/2017
Amount Enclosed	

For services from 8/30/2017 to 8/30/2017

V V V

Patient: JEFFREY EPSTEIN

For services from 8/30/2017 to 8/30/2017

Date	Description	Charges	Receipts	Adjustments	Balance	
					Insurance	Patient
08/30/2017	Expected for services performed : 08/30/2017	\$470.00			\$0.00	\$470.00
08/30/2017	99201 INITIAL VISIT	\$470.00			\$0.00	\$470.00
	Total for services:	\$470.00	\$0.00	\$0.00	\$0.00	\$470.00

Provider: DR JORDAN JOSEPHSON. Tax id #11-3193728. NPI #1194883600

STATEMENT DATE	ACCO[REDACTED] NO.	CURRENT AMOUNT DUE	AMOUNT DUE FROM PATIENT		
			31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS
9/14/2017	0028147	\$470.00	\$0.00	\$0.00	\$0.00

AMOUNT DUE FROM PATIENT		
AMOUNT DUE FROM PATIENT		\$470.00
AMOUNT PENDING INSURANCE		\$0.00

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS