

STATEMENT

PLEASE MAKE CHECK PAYABLE TO:

SEAN E MCCANCE MD
 1155 PARK AVENUE
 NEW YORK NY 10128-1209

For Billing Inquiries [REDACTED]

RESPONSIBLE PARTY:

JEFFERY EPSTEIN
 9 EAST 71ST STREET
 NEW YORK NY 10021

IF PAYING BY CREDIT CARD, FILL OUT BELOW



MASTERCARD VISA DISCOVER AM EXPRESS	
CREDIT CARD NUMBER	EXP DATE SIGNATURE CODE
SIGNATURE	
ACCT # 45281	
STATEMENT DATE 12/31/13	PAY THIS AMOUNT 475.00
SHOW AMOUNT PAID HERE	

CHARGES OR PAYMENTS MADE AFTER CLOSING DATE WILL APPEAR ON NEXT STATEMENT.

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	MEDICARE RECEIPTS	INSURANCE RECEIPTS	PATIENT RECEIPTS	ADJUSTMENT	BALANCE	INS
12/03/13	OFFICE VISIT NEW PAT MOD Insurance paid you	500.00	.00	.00	.00	25.00	475.00	
		91-120 DAYS		OVER 120 DAYS		ACCOUNT BALANCE	INSURANCE PENDING	DUE FROM PATIENT
475.00	.00	.00	.00	.00	475.00	.00	475.00	

** PAYMENT DUE UPON RECEIPT * THANK YOU **