



Structured Healthcare Management, Inc.

[REDACTED]

ADDRESS SERVICE REQUESTED

Office Phone: [REDACTED]

MAKE CHECK PAYABLE TO:
N Y NEUROLOGICAL ASSOCIATES, [REDACTED]

RESPONSIBLE PARTY JEFFREY EPSTEIN		PAGE NO. 1
STATEMENT DATE 01/09/2012	AMT. DUE FROM PATIENT 30.00	ACCT NO. 053177

AMOUNT ENCLOSED: _____

ATTENTION GHI INSURED ONLY: AS OF JANUARY 2001, NY NEUROLOGY NO LONGER PARTICIPATES WITH GHI. CALL GHI REGARDING YOUR REIMBURSEMENT. YOU MUST PAY THIS BILL.



003372 0.5380 AT 0.365
JEFFREY EPSTEIN
9 E 71ST STREET
NEW YORK, NY 10021-4102



[REDACTED]

Please contact our billing office at 800-394-9201 if your address is incorrect or insurance information has changed.

DETACH HERE AND RETURN THE ABOVE PORTION WITH YOUR PAYMENT

N Y NEUROLOGICAL ASSOCIATES, [REDACTED]
162 EAST 78TH STREET
NEW YORK, NY 10075-0406

PATIENT NAME JEFFREY EPSTEIN		FOR INQUIRIES CALL: [REDACTED]	
ACCOUNT NUMBER 053177	STATEMENT DATE 01/09/2012	PAGE NUMBER 1	

DATE FROM	DATE TO	DESCRIPTION	DAYS/UNITS	SERVICE AMOUNT	CHARGES	PAYMENTS	BALANCE
12/27/11		Portion not paid by insurance (FORM A1B45) For Services: 11/21/2011 - 11/21/2011 CoIns=\$30.00			30.00		30.00
12/27/2011		CO-PAY FOR DATE OF SERVICE 11/21/11 IS \$30.00 ACCOUNT BALANCE					30.00

MESSAGE

PROMPT PAYMENT IS REQUESTED:	AMOUNT DUE	AMOUNT DUE 30.00
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