



Mount Sinai Faculty Practice

Doctors

CARDIOVASCULAR INSTITUTE OF MO
P.O. BOX 28083
NEW YORK NY 10087-8083

FOR BILLING INQUIRIES: [REDACTED]



102338 - 112



JEFFREY EPSTEIN
9 E 71ST ST
NEW YORK NY 10021-4102

018366

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

VISA MASTERCARD DISCOVER AMER. EXP.

CARD NUMBER: _____ EXP. DATE: _____ AMOUNT: _____

SIGNATURE: _____ MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

| STATEMENT DATE | PAY THIS AMOUNT | ACCOUNT NO. |
|----------------|-----------------|-------------|
| 11/01/13 | \$55.00 | 26-3354934 |

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

CARDIOVASCULAR INSTITUTE OF MO
P.O. BOX 28083
NEW YORK NY 10087-8083



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

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

| DATE OF SERVICE | * | DESCRIPTION OF SERVICE | AMOUNT |
|--|---|--|---------|
| 10/24/13 | 1 | ADAM H. JACOBI MD I10122266 | 900.00 |
| 10/24/13 | 1 | [REDACTED] | 55.00 |
| 10/25/13 | | Q9967 PHARMACEUTICALS TOS CREDIT CARD PAYMENT | -900.00 |
| * PLACE OF SERVICE 1 DOCTOR'S OFFICE 4 SURGI-CENTER 2 HOSPITAL 5 OTHER 3 EMER. ROOM | | | |

| Date | Patient Name | Account No |
|----------|-----------------|------------|
| 11/01/13 | JEFFREY EPSTEIN | 26-3354934 |

THIS AMOUNT IS DUE **\$55.00**

PAYMENTS RECEIVED AFTER THIS DATE APPEAR ON YOUR NEXT STATEMENT.

Make check payable to : CARDIOVASCULAR INSTITUTE OF MO
For all billing questions, call: 212-987-3100

PAY YOUR BILL ONLINE

Your prompt payment is appreciated. If you have provided us with insurance information, a claim was also sent to your medical carrier. In the event that payment for your care is mailed to you, please forward the payment to us in the enclosed envelope. Thank you. You may also contact us by email at DOMCS@MOUNTSINAI.ORG

You can now review your account details and pay your bills online, whenever it is convenient for you. Login to <https://www.mountsinai.org/mymountsinai> and register. Once the account has been created, you can pay your bill using our new MyMountSinai Patient Online portal.

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



102338-112

EFTA00313283

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

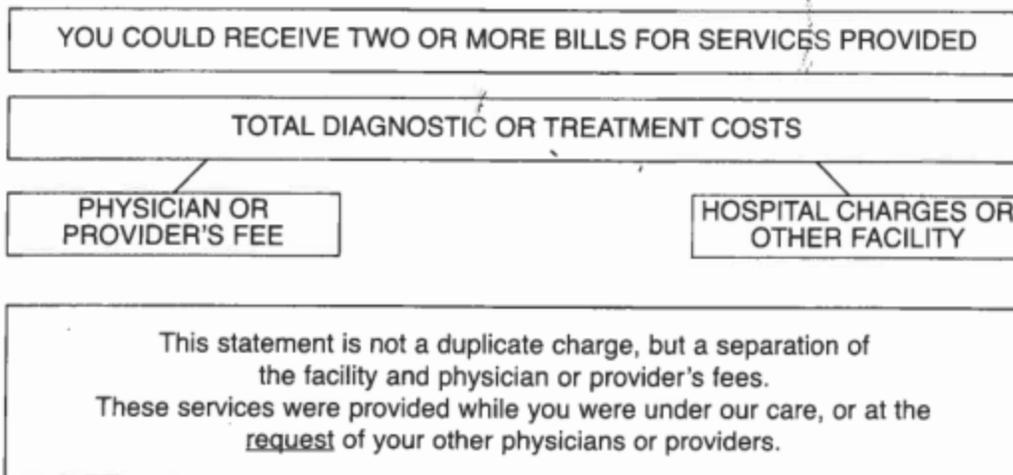
| | |
|--|--------------------------------|
| Your Name (Last, First, Middle Initial) | Date of Birth |
| Address | |
| City | State Zip |
| Telephone | |
| () | |
| Social Security # | |
| Employer's Name | Telephone |
| () | |
| Employer's Address | |
| City | State Zip |
| Please Indicate if Applicable: | |
| <input type="checkbox"/> AUTO ACCIDENT | Date of Injury |
| <input type="checkbox"/> WORKER'S COMPENSATION | |

INSURANCE INFORMATION

| | | |
|--|-------------------|-----|
| Your PRIMARY Insurance Company's Name | | |
| Primary Insurance Company's Address | | |
| City | State | Zip |
| Policyholder Name | Date of Birth | Sex |
| Policyholder's ID Number | Group Plan Number | |
| Your SECONDARY Insurance Company's Name | | |
| Secondary Insurance Company's Address | | |
| City | State | Zip |
| Policyholder Name | Date of Birth | Sex |
| Policyholder's ID Number | Group Plan Number | |

"DETACH HERE AND RETURN ABOVE STUB"

FOR HOSPITAL OR OTHER FACILITY PATIENTS



Your bill from the facility may include a separate charge for use of its equipment, supplies, and technical personnel.

You may also receive bills from other physicians or providers who were involved with your care if you were a patient in a hospital or other facility.

If you have any questions concerning your bill, please call our office and we will be happy to assist you.

IF YOU REQUIRE ASSISTANCE, YOU MAY CONTACT OUR OFFICE AT THE PHONE NUMBER ON THE REVERSE SIDE.