

# receipt

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

Receipt date 08/30/2017  
 Patient account # [REDACTED]  
 Patient name JEFFREY EPSTEIN  
 Amount due \$ 0.00

Office phone: 212-535-7763

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

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.

Please indicate any corrections to your address.

Receipt date 08/30/2017 STUART I. ORSHER, M.D., P.C.  
 Patient account # 010224  
 Patient name JEFFREY EPSTEIN  
 Amount due \$ 0.00

YOUR CREDIT CARD # \_\_\_\_\_  
 DATE OF EXPIRATION \_\_\_\_\_  
 CARD NAME \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 TODAY'S DATE \_\_\_\_\_

Diagnosis for: JEFFREY EPSTEIN  
 Patient account # 010224  
 Date of Birth: [REDACTED]  
 A>R06.02 SHORTNESS OF BREATH  
 B>R01.1 CARDIAC MURMUR UNSPEC  
 C>R63.6 WEIGHT GAIN ABNORMAL  
 D>K64.4 HEMORRHOIDAL RESIDUAL SKIN TAGS

FROM	DATE	TO	LOC	PROCEDURE CODE	DESCRIPTION	DAYS/ UNITS	SERVICE AMOUNT	ICD CODE	CHARGES	CREDITS
08/30/17	08/30/17	11		99215-25	(S) PHYSICAL EXAM			A,B,C	845.00	
08/30/17	08/30/17	11		93000	(S) EKG W/ INTERP			B	135.00	
08/30/17	08/30/17	11		94010	(S) PULMONARY FUNCTION			B	135.00	
08/30/17	08/30/17	11		80061-91	(S) LIPID PANEL			C	115.00	
08/30/17	08/30/17	11		82948	(S) GLUCOSE STICK TEST			C	45.00	
08/30/17	08/30/17	11		83036	(S) GLYCOSYLATED (A1C)			C	96.00	
08/30/17	08/30/17	11		81000	(S) URINALYSIS-COMplete			A,B,C	40.00	
08/30/17	08/30/17	11		36415	(S) VENIPUNCTURE			A,B,C	45.00	
08/30/17	08/30/17	11		82270	(S) STOOL GUAIAC			D	35.00	
08/30/17	08/30/17			AM	(F) AMERICAN EXPRESS					1490.00
<b>TOTALS</b>									1,490.00	1,490.00

PHYSICIAN OR PROVIDER  
 STUART ORSHER, M.D.

SIGNATURE *Stuart Orsher MD* DATE 08/30/2017

PROVIDER ID NUMBERS

PROV NPI: [REDACTED]

PATIENT REFERRED BY

PERFORMED AT  
 STUART ORSHER, M.D., P.C.  
 NINE EAST SEVENTY-NINTH STREET NEW YORK, NY 10075-0123

BALANCE PRIOR TO 08/30/2017 \$ 0.00  
 CHARGES 08/30/2017-08/30/2017 \$ 1,490.00  
 CREDITS \$ 1,490.00  
**PLEASE PAY THIS AMOUNT > \$ 0.00**