

# Statement of Account

MITCHELL A KLINE, MD PC  
700 PARK AVENUE  
NEW YORK, NY 10021

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

Date	Account No.	Page #
07/27/2016	0000008048	1

Last Payment	
Date	Amount
04/07/2016	1525.00

Date	Procedure	Description	Charges	Paid by Insurance	Paid By Patient	Adj.	Balance
07/27/2016	99205	New Pt High Complexity	500.00				500.00
07/27/2016	11100	Biopsy/Skin, 1st	250.00				250.00
07/27/2016	11101	Biopsy/Skin Each Additional	125.00				125.00

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Patient Balance Due
\$875.00	\$0.00	\$0.00	\$0.00	\$0.00	\$875.00

CUT ON DOTTED LINE AND SEND WITH PAYMENT

**Notes:**

FOR BILLING INQUIRIES CONTACT [REDACTED]

<i>Paid by JEFFREY EPSTEIN</i>	
<i>8/10/16</i>	
EPSTEIN, JEFFREY	
ACCOUNT NO.	
0000008048	
Statement Date: 07/27/2016	

Please remit payment of **\$875.00** payable to: MITCHELL A KLINE, MD PC



FINANCIAL TRUST COMPANY  
6100 RED HOOK QUARTER B-3  
ST THOMAS VI 00802-0000

>0000496 5742862 001 003082  
J.EPSTEIN  
6100 RED HOOK QUARTER B-3  
ST THOMAS VI 00802-0000

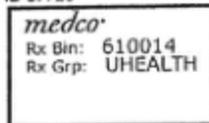


Health Plan (80840) 911-87726-04

Member ID 854905597 Group Number: 272605

Member: JEFFREY EPSTEIN FINANCIAL TRUST COMPANY

Payer ID 87726



UnitedHealthcare Options PPO  
Underwritten by United Healthcare Insurance Company

03182 5742862 8008 8000496 0000496 002 9 112

Copy: 08/01/2010  
120/05/10

DOI - 0501

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The new and improved health care services, benefits and/or networks does not guarantee coverage. Services and coverage will be provided based on the terms of the plan. Actual services and coverage will be provided based on the terms of the plan. Actual services and coverage will be provided based on the terms of the plan. Actual services and coverage will be provided based on the terms of the plan. Actual services and coverage will be provided based on the terms of the plan.

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For Pharmacists: 800-922-1557

