

MARC S. LEMCHEN, DMD, PC

NEW YORK, NY 10065-8108

PATIENT NAME	PATIENT #	DUE	BALANCE
[REDACTED]	[REDACTED]	590.00	590.00

FOR BILLING INQUIRIES: [REDACTED]

PAGE: 1 of 1



JEFFREY EPSTEIN
301 EAST 66TH ST APT 11P
NEW YORK, NY 10065-6217

AGING AMOUNTS:

0-30:	590.00
31-60:	0.00
61-90:	0.00
OVER 90:	0.00

32895*TCA0FA4R9000258



DATE	TRANSACTION	PATIENT NAME	AMOUNT
	Previous Balance:		0.00
4/6/2015	EXAM/RECORDS/ADULT	[REDACTED]	495.00
4/7/2015	Radiology Report	[REDACTED]	95.00

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PLEASE RETURN THIS PORTION WITH PAYMENT. DO NOT ATTACH CHECK TO STUDENT IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

PATIENT NAME	PAT. #	DUE	PAID
[REDACTED]	[REDACTED]	590.00	

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER _____ SIGNATURE CODE _____

SIGNATURE _____ EXP. DATE _____

STATEMENT DATE: 5/1/2015 PAY THIS AMOUNT: \$590.00 ACCT. #: Epstein, Jeffrey

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

32895

PAGE: 1 of 1

SHOW AMOUNT PAID HERE \$



000590
0101



JEFFREY EPSTEIN
[REDACTED]
NEW YORK, NY 10065-6217



MARC S. LEMCHEN, D.M.D., P.C.
[REDACTED]
NEW YORK, NY 10065-8108

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