

From: [REDACTED]

To: [REDACTED]

Subject: Payment Receipt for JEFFREY EPSTEIN

Date: Mon, 23 Oct 2017 15:24:13 +0000

Receipt for JEFFREY EPSTEIN

Neurosurgical Associates P.C.

710 W. 168th Street

New York, NY 10032

(212)305-1182

\$30.00

10/23/2017 11:23:55 AM

 **4009**

Full Name: **JEFFREY EPSTEIN**
Auth Code: **188793**
G/L Account: **NI-5 - SPINE CENTER**

Date of Service: **10/23/2017**

Authorization

I agree to pay the above total amount according to the card issuer agreement.



Thank you for your payment.

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