

Samuel C. Klagsbrun, M.D.

595 Madison Avenue  
Suite 2000  
New York, NY 10022  
1- [REDACTED]

License #090545  
800 Cross River Road  
Katonah, NY 10536  
1- [REDACTED]

BILL TO/PATIENT:

[REDACTED]

STATEMENT PERIOD:  
July 1, 2011 - July 31, 2011

For professional services:

Date	Description	Amount
07/01/2011	Previous balance [REDACTED] Doctor Visit	\$ 400.00
07/05/2011	[REDACTED]	400.00
07/12/2011	[REDACTED] x 5	400.00
07/19/2011	[REDACTED]	400.00
07/28/2011	[REDACTED]	400.00
<b>Balance due</b>		<b>\$ 2000.00</b>

Provider Tax ID 132698221  
Diagnosis: 309.24

Provider NPI 1508083437

Please remit your payment within 30 days, payable to DR. KLAGSBRUN. Most major credit cards accepted. If you have any questions, please call Renee Sibrizzi at [REDACTED] ext. 2222. Thank you.