

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]  
301 East 66th Street, # 2G  
New York, NY 10065

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

For professional services:

<b>Date</b>	<b>Description</b>	<b>Amount</b>
07/01/2011	Previous balance	\$ 400.00
07/05/2011	Jerri's Doctor Visit	400.00
07/12/2011	x 5	400.00
07/19/2011		400.00
07/28/2011		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.