

MOUNT SINAI
DERMATOPATHOLOGY
PO BOX 5024
NEW YORK, NY 10087-5024

Return Service Requested

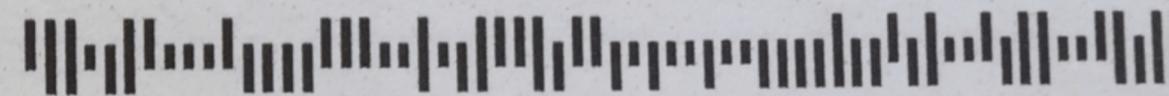
Pay By Mail

-- Please detach and return bottom stub
-- Include account number on check and

Account		Patient	
[REDACTED]		[REDACTED]	
Statement Date	Amount Due	Due Date	
2/26/15	\$ 195.00	Upon Receipt	

For your protection: Do not include the credit card information

Make CHECK payable and remit to:



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NEW YORK, NY 10087-5024