

To: Bella Klein[REDACTED]
From: Lesley Groff
Sent: Mon 10/23/2017 3:31:58 PM
Subject: Fwd: Payment Receipt for JEFFREY EPSTEIN

Jeffrey will see Dr. Rami Said today at 2pm...I paid the \$30 copay already.

Begin forwarded message:

From: ZPay@Zirmed.com
Subject: Payment Receipt for JEFFREY EPSTEIN
Date: October 23, 2017 at 11:24:13 AM EDT
To: [REDACTED]

Receipt for JEFFREY EPSTEIN

Neurosurgical Associates P.C.

710 W. 168th Street

New York, NY 10032

(212)305-1182

\$30.00

4009

10/23/2017 11:23:55 AM

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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