

**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](mailto: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.

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Thank you for your payment.

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