

To: Dr. Darius Paduch[REDACTED]
From: [REDACTED]
Sent: Tue 9/25/2018 3:08:09 PM
Subject: Re: Medicare Waiver - Dr. Paduch

thank you! I will have this form filled out...YES, you may contact me tomorrow for payment details...
212.750 9895

On Sep 25, 2018, at 11:01 AM, Crismely Ovalle [REDACTED] wrote:

Good morning [REDACTED]

I hope all is well. Attached is a Medicare waiver we need to have on file in Mr. Epstein's chart annually. This is just acknowledgement that Dr. Paduch does not participate with Medicare insurance.

Please have Mr. Epstein fill out the second page, where he enters his name, mailing address and Medicare ID#. Please have him initial the rest of the page. On the second page, please have him initial, date and sign.

Please send back to me when done. Also, should I contact you tomorrow regarding the credit card information?

Thank you,

Cris Ovalle
Sr.Medical Secretary

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