

To: [REDACTED]
From: J
Sent: Thur 10/4/2018 1:52:18 PM
Subject: Re: Medicare ABN

option1

On Thu, Oct 4, 2018 at 9:49 AM [REDACTED] wrote:

Please look at form. We need to select an option. I don't know what box you would like to check! ??

Sent from my iPhone

Begin forwarded message:

From: lisa [REDACTED] >
Date: October 3, 2018 at 4:51:01 PM EDT
To: [REDACTED]
Cc: Admin Assistant <[REDACTED]>
Subject: Medicare ABN

Dear [REDACTED]

Please see attached Medicare ABN form for Mr. Epstein to complete, sign and return to us. This is for Medicare coverage of lab work.

Thank you. Have a nice day!

Sincerely,

Lisa Perez

Clinical Coordinator to

Dr. Woodson Merrell
44 East 67th Street, Suite 1B
New York, NY 10065
T/[REDACTED]
F/[REDACTED]

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please note

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