

STATEMENT OF ACCOUNT

Thomas J. Magnani, D.D.S.
 7W51 DENTAL GROUP
 7 W 51st Street, Floor 7
 New York, NY 10019

CHART NO.	PAGE NO.
	1
BILLING DATE	DUE DATE
10/26/2017	11/25/2017

CREDIT CARD # _____ EXP. _____

NAME _____
(As it appears on card)

SIGNATURE _____

TYPE OF CARD _____

SECURITY CODE _____

AMOUNT ENCLOSED
\$ _____

GUARANTOR NAME AND MAILING ADDRESS

Mr Jeff Epstein
 9 East 71st Street
 New York, NY 10021

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
09/15/2017	Balance Forward		0.00	
09/19/2017	Prophylaxis-adult	Jeff	180.00	
09/19/2017	Periodic oral evaluation	Jeff	40.00	
09/26/2017	Office Visit	Jeff	0.00	
09/28/2017	Crown-porcelain/ceramic substr	Jeff	2400.00	
09/28/2017	Permanent Cement	Jeff	0.00	
09/28/2017	Office Visit	Jeff	0.00	
10/03/2017	AMEX Payment - Thank You	Jeff		-220.00

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
2400.00	0.00	0.00	0.00	2400.00

Make checks payable to: Thomas J. Magnani, DDS. To pay by Credit Card, please call our office at _____

From: **Lesley Groff** lesley.jee@gmail.com
Subject: **Jeffrey has been to Dr. Magnani Sept. 27 & 28**
Date: **September 28, 2017 at 9:19 AM**
To: **Bella Klein** [REDACTED]



Jeffrey has been to Dr. Magnani yesterday and today for some work..not sure what the work is...but be aware you will see charges for him Sept. 27th and 28th...