

STATEMENT

Thomas J. Magnani D.D.S.
Alvin Grayson D.D.S.

Telephone: [REDACTED]



If paying by credit card, enter the amount you are paying in the remittance box and fill out below

___ Mastercard ___ Visa ___ Amex

Card # _____ Exp Date _____

Signature _____ Sig Code _____

Mr. Jeff Epstein
PO Box 806
New York NY 10150

Change address

Date	Account
4/30/2014	[REDACTED]
	Remittance

IMPORTANT - PLEASE DETACH UPPER PORTION AND RETURN WITH YOUR REMITTANCE TO INSURE CREDIT TO PROPER ACCOUNT

Date	Patient	Description	Charges	Credits	Balance
3/27/2014		Previous Balance			0.00
3/28/2014	[REDACTED]	Recall Oral Exam	40.00		40.00
3/28/2014	[REDACTED]	Adult Scale & Prophy	180.00		220.00
4/2/2014	[REDACTED]	Comp. W. Etch 1 Surface	350.00		570.00
4/2/2014	[REDACTED]	Comp. W. Etch 1 Surface	350.00		920.00

Account Total 920.00

If payment has been sent, please disregard this statement - Thank You.

We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED]

Current	30 Days	60 Days	90 Days	120+ Days
920.00	0.00	0.00	0.00	0.00