

STATEMENT

Thomas J. Magnani D.D.S.
 Alvin Grayson D.D.S.
 7 West 51st Street
 7th Floor
 New York NY 10019

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 _____

Jeff Epstein
 P.O. 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
4/23/2014	Jeff	1 Periapical X Ray	25.00		25.00
4/25/2014	Jeff	surgical extraction	1,200.00		1,225.00
4/25/2014	Jeff	Gum Graft	1,200.00		2,425.00
4/29/2014	[REDACTED]	[REDACTED]	180.00		2,605.00
4/29/2014	[REDACTED]	[REDACTED]	40.00		2,645.00
4/29/2014	[REDACTED]	[REDACTED]	175.00		2,820.00

Account Total 2,820.00

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
2,820.00	0.00	0.00	0.00	0.00

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