

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  
 9 East 71st Street  
 New York NY 10021

Date	Account
10/29/2015	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
9/30/2015		[REDACTED]			220.00
9/30/2015	Jeff	[REDACTED]	3,000.00		3,220.00
9/30/2015	Jeff	[REDACTED]	525.00		3,745.00
10/20/2015	Jeff	[REDACTED]		220.00	3,525.00

Account Total 3,525.00

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
3,525.00	0.00	0.00	0.00	0.00