

STATEMENT

Thomas J. Magnani  
 Alvin Grayson

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  
 301 East 66th Street  
 Apt # 10 f  
 New York NY 10065

Date	Account
9/28/2011	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
8/31/2011		Previous Balance			197.00
8/31/2011	Jeff	MASTER CARD		197.00	0.00
9/12/2011	Jeff	Recall Oral Exam	40.00		40.00
9/12/2011	Jeff	Adult Scale & Prophy	180.00		220.00

Account Total 220.00

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
220.00	0.00	0.00	0.00	0.00

Thomas J. Magnani [REDACTED] Alvin Grayson [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]