

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
12/29/2011	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/30/2011		Previous Balance			0.00
12/14/2011	Jeff	Recall Oral Exam	40.00		40.00
12/14/2011	Jeff	Adult Scale & Prophy	180.00		220.00
12/15/2011	Jeff	Ins Form submitted - Aetna			
<b>Account Total</b>					<b>220.00</b>

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]