

STATEMENT

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

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
[REDACTED] Box 806
New York NY 10150

O/K

Date	Account
5/9/2013	10345
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/28/2013		Previous Balance			332.00
4/4/2013	Julia	Laser Bleaching	750.00		1,082.00
4/17/2013	Julia	VISA		332.00	750.00

Account Total 750.00

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
750.00	0.00	0.00	0.00	0.00

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

