

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 _____

Mr. Jeff Epstein
 [REDACTED]

Date	Account
11/27/2013	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
10/31/2013	[REDACTED]	Previous Balance			220.00
		<i>10/8 apt. for cleaning</i>			

Account Total 220.00

You have probably overlooked this statement. Your remittance would be appreciated.

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
0.00	220.00	0.00	0.00	0.00

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