

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
 P.O. Box 806
 New York NY 10150

Date	Account
12/10/2013	10542
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
		Previous Balance			0.00
12/10/2013	[REDACTED]	[REDACTED]	60.00		60.00
12/10/2013	[REDACTED]	[REDACTED]	180.00		240.00
12/10/2013	[REDACTED]	[REDACTED]	50.00		290.00
12/10/2013	[REDACTED]	[REDACTED]	150.00		440.00
12/10/2013	[REDACTED]	[REDACTED]	15.00		455.00
12/10/2013	[REDACTED]	[REDACTED]	1,100.00		1,555.00
12/10/2013	[REDACTED]	[REDACTED]	24.00		1,579.00

Account Total 1,579.00

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
1,579.00	0.00	0.00	0.00	0.00