

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
 9 East 71st Street
 New York NY 10021

Date	Account
7/28/2016	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
6/29/2016		Previous Balance			0.00
7/20/2016	[REDACTED]	1 Periapical X Ray	30.00		30.00
7/20/2016	[REDACTED]	Amalgam 2 Surface Perm.	375.00		405.00

Account Total 405.00

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
405.00	0.00	0.00	0.00	0.00