

**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 J Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
8/31/2016	11394
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
7/28/2016		Previous Balance			2,880.00
7/28/2016	[REDACTED]	Comp. W. Etch 1 Surface	425.00		3,305.00
7/28/2016	[REDACTED]	Comp. W. Etch 1 Surface	425.00		3,730.00
7/28/2016	[REDACTED]	Comp. W. Etch 1 Surface	425.00		4,155.00
7/28/2016	[REDACTED]	Comp. W. Etch 1 Surface	425.00		4,580.00
7/28/2016	[REDACTED]	Ortho treatment adult	7,500.00		12,080.00
7/28/2016	[REDACTED]	Cement Crown	0.00		12,080.00
8/11/2016	[REDACTED]	AMERICAN EXPRESS		2,880.00	9,200.00

**Account Total 9,200.00**

**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
9,200.00	0.00	0.00	0.00	0.00