

**STATEMENT OF ACCOUNT**

Thomas J. Magnani, D.D.S.  
 7W51 DENTAL GROUP  
 7 W 51st Street, Floor 7  
 New York, NY 10019

CHART NO.	PAGE NO. 1
BILLING DATE 06/14/2017	DUE DATE 07/14/2017

CREDIT CARD # \_\_\_\_\_ EXP. \_\_\_\_\_

NAME \_\_\_\_\_  
(As it appears on card)

SIGNATURE \_\_\_\_\_

TYPE OF CARD \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

**AMOUNT ENCLOSED**  
 \$ \_\_\_\_\_

**TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT.**

*PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS*

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
05/01/2017	Balance Forward		0.00	
05/18/2017	Prophylaxis-adult	Jeff	180.00	
05/18/2017	Periodic oral evaluation	Jeff	40.00	

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
220.00	0.00	0.00	0.00	220.00

Make checks payable to: Thomas J. Magnani, DDS. To pay by Credit Card, please call our office at \_\_\_\_\_

**PLEASE PAY THIS AMOUNT** →

220.00