

STATEMENT

Thomas J. Magnani D.D.S.
Alvin Grayson D.D.S.

Telephone: [REDACTED]

[REDACTED]
New York NY 10019

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]
New York NY 10150

Change address

Date	Account
4/30/2014	10055
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/27/2014		Previous Balance			0.00
4/21/2014	Sue	Recall Oral Exam	40.00		40.00
4/21/2014	Sue	Adult Scale & Propy	180.00		220.00
4/21/2014	Sue	Bleaching Trays	650.00		870.00
4/22/2014	Sue	1 Surface Comp. Posterior	275.00		1,145.00
4/22/2014	Sue	Comp. W. Etch 3 Surface	375.00		1,520.00

Account Total 1,520.00

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
1,520.00	0.00	0.00	0.00	0.00

Thomas J. Magnani D.D.S. Alvin Grayson D.D.S. [REDACTED] New York NY 10019 [REDACTED]