

STATEMENT

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

Telephone: [REDACTED]

7 [REDACTED]
7 [REDACTED]
N [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
301 East 66th Street
Apt 10F
New York NY 10065

ATTN Bella

Date	Account
12/14/2010	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/24/2010		Previous Balance			0.00
11/22/2010	[REDACTED]	FMS with Bite wings	175.00		175.00
11/22/2010	[REDACTED]	Amalgam 1 Surface Perm.	325.00		500.00
11/22/2010	[REDACTED]	Amalgam 3 Surface Perm.	375.00		875.00
12/13/2010	[REDACTED]	Comp. W. Etch 1 Surface	275.00		1,150.00
12/13/2010	[REDACTED]	Comp. W. Etch 1 Surface	275.00		1,425.00

Account Total 1,425.00

We accept credit cards! You may complete and return the top part of this statement, or call the office at 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
1,425.00	0.00	0.00	0.00	0.00

STATEMENT

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

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
457 Madison Avenue
4th Floor
New York NY 10022

Date	Account
11/24/2010	9649
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/24/2010	[REDACTED]	Previous Balance			0.00
11/24/2010	[REDACTED]	Comprehensive Oral eval	50.00		50.00
11/24/2010	[REDACTED]	Adult Scale & Prophy	160.00		210.00

Account Total 210.00

We accept credit cards! You may complete and return the top part of this statement, or call the office at 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
210.00	0.00	0.00	0.00	0.00

STATEMENT

Thomas J. Magnani D.D.S.
 Alvin Grayson D.D.S.
 7 West 51st Street
 7th Floor
 New York NY 10019

Telephone: XXXXXXXXXX

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
 457 Madison Avenue
 4th Floor
 New York NY 10022

QAF

Date	Account
11/24/2010	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
10/27/2010		Previous Balance			1,900.00
10/27/2010	Jeff	MASTER CARD		1,900.00	0.00
10/27/2010	Jeff	Ins Form submitted - Aetna			
11/19/2010	Jeff	Recall Oral Exam	35.00		35.00
11/19/2010	Jeff	Adult Scale & Prophy	160.00		195.00
11/19/2010	Jeff	Ins Form submitted - Aetna			

Account Total 195.00

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 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
195.00	0.00	0.00	0.00	0.00