

ATTN: *Bella* STATEMENT

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

*From Elizabeth*

Telephone: (212) 688-1090

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 \_\_\_\_\_

Jeff Epstein  
~~\_\_\_\_\_~~  
 St Thomas Virgin Islands 00802

Date	Account
4/30/2009	9118
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
		Previous Balance			0.00
4/21/2009	Andrea	Comprehensive Oral eval	50.00		50.00
4/21/2009	Andrea	FMS with Bite wings	175.00		225.00
4/21/2009	Andrea	Bite Wings 4 Films	65.00		290.00
4/21/2009	Andrea	Adult Scale & Propy	160.00		450.00
4/21/2009	Andrea	Fluorid	12.00		462.00
4/22/2009	Andrea	AMERICAN EXPRESS		462.00	0.00
4/29/2009	Andrea	1 Periapical X Ray	25.00		25.00
4/29/2009	Andrea	Amalgam 4+ Surface Perm.	425.00		450.00
4/29/2009	Andrea	Amalgam 4+ Surface Perm.	425.00		875.00

Account Total 875.00

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
875.00	0.00	0.00	0.00	0.00

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