

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 Epstein
 301 East 66th Street
 Apt 10F
 New York NY 10065

Date	Account
1/28/2011	[REDACTED]
Remittance	

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

Date	Patient	Description	Charges	Credits	Balance
1/5/2011 [REDACTED]	[REDACTED]	Previous Balance [REDACTED]	[REDACTED]	[REDACTED]	2,060.00 [REDACTED]

Account Total 6,660.00

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
6,450.00	210.00	0.00	0.00	0.00