

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 _____

Jeff Epstein
 9 East 71st Street
 New York NY 10021

Date	Account
6/3/2015	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
[REDACTED]					
		3 pages →		Maid 6/12/15	
Account Total					[REDACTED]
<p>If payment has been sent, please disregard this statement - Thank You.</p> <p>We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED]</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
[REDACTED]	0.00	0.00	0.00	0.00	

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

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 _____ Sg Code _____

Jeff Epstein
 9 East 71st Street
 New York NY 10021

Date	Account
9/30/2015	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]
Account Total					[REDACTED]
<p>If payment has been sent, please disregard this statement - Thank You.</p> <p>We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED].</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
[REDACTED]	0.00	0.00	0.00	0.00	

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

HISTORICAL STATEMENT

1/5/2016 to 2/24/2016

Telephone: [REDACTED]

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

Jeff Epstein
 9 East 71st Street
 New York NY 10021

Date	Account
2/24/2016	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
[REDACTED]					
Account Total					0.00
Patient Charges					[REDACTED]
Patient Payments					[REDACTED]
Patient Credits					0.00
Patient Debits					0.00
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	
0.00	0.00	0.00	0.00	0.00	

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

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 _____

Jeff Epstein
 9 East 71st Street
 New York NY 10021

Date	Account
3/30/2016	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
[REDACTED]					
				paid	5/00/16
Account Total					[REDACTED]
<p>If payment has been sent, please disregard this statement - Thank You.</p> <p>We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED].</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
[REDACTED]	0.00	0.00	0.00	0.00	

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