

STATEMENT

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

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 _____

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

Date	Account
1/5/2011	[REDACTED]
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/24/2010	[REDACTED]	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
12/14/2010	[REDACTED]	Comprehensive Oral eval	50.00		1,475.00
12/14/2010	[REDACTED]	Adult Scale & Prophy	160.00		1,635.00
12/17/2010	[REDACTED]	MASTER CARD		1,425.00	210.00
12/20/2010	[REDACTED]	Porcelain W. Gold Crown	1,850.00		2,060.00
Account Total					2,060.00

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
2,060.00	0.00	0.00	0.00	0.00