

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  
 9 East 71st Street  
 New York NY 10021

Date	Account
1/7/2015	10055
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/26/2014		Previous Balance			0.00
12/15/2014	Sue	Recall Oral Exam	40.00		40.00
12/15/2014	Sue	Adult Scale & Prophy	180.00		220.00
12/18/2014	Sue	Amalgam 2 Surface Perm.	425.00		645.00

**Account Total      645.00**

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
645.00	0.00	0.00	0.00	0.00

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