

ATTN: Bella STATEMENT

[REDACTED] D.D.S.  
New York NY 10019

From Elizabeth

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  
[REDACTED]  
St Thomas Virgin Islands 00802

Date	Account
4/30/2009	[REDACTED]
	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	[REDACTED]	[REDACTED]	50.00		50.00
4/21/2009	[REDACTED]	[REDACTED]	175.00		225.00
4/21/2009	[REDACTED]	[REDACTED]	65.00		290.00
4/21/2009	[REDACTED]	[REDACTED]	160.00		450.00
4/21/2009	[REDACTED]	[REDACTED]	12.00		462.00
4/22/2009	[REDACTED]	[REDACTED]		462.00	0.00
4/29/2009	[REDACTED]	[REDACTED]	25.00		25.00
4/29/2009	[REDACTED]	[REDACTED]	425.00		450.00
4/29/2009	[REDACTED]	[REDACTED]	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 [REDACTED]

Current	30 Days	60 Days	90 Days	120+ Days
875.00	0.00	0.00	0.00	0.00

[REDACTED]