

# 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
4/4/2012	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/1/2012		Previous Balance			0.00
4/3/2012	[REDACTED]	[REDACTED]	40.00		40.00
4/3/2012	[REDACTED]	[REDACTED]	180.00		220.00
4/3/2012	[REDACTED]	[REDACTED]	65.00		285.00
<b>Account Total</b>					<b>285.00</b>

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
285.00	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]