

STATEMENT

Thomas J. Magnani
Alvin Grayson

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 _____

Mr. Jeff Epstein
9 East 71st Street
New York NY 10021

Date	Account
9/30/2015	8150
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
8/26/2015		Previous Balance			0.00
9/3/2015	[REDACTED]		40.00		40.00
9/3/2015	[REDACTED]		180.00		220.00
9/3/2015	[REDACTED]		75.00		295.00
9/17/2015	[REDACTED]		1,900.00		2,195.00

Account Total 2,195.00

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
2,195.00	0.00	0.00	0.00	0.00

Thomas J. Magnani [REDACTED] Alvin Grayson [REDACTED] [REDACTED]