

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 \_\_\_\_\_

Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
11/26/2014	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
10/30/2014		Previous Balance			0.00
11/21/2014	Jeff	Recall Oral Exam	40.00		40.00
11/21/2014	Jeff	Adult Scale & Prophy	180.00		220.00
<i>paid Amex Black</i>					
<i>12/12/14</i>					
<i>A Riska</i>					

**Account Total 220.00**

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
220.00	0.00	0.00	0.00	0.00

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Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Sig Code \_\_\_\_\_

Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
6/3/2015	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
4/30/2015		Previous Balance			0.00
5/19/2015	Jeff	Recall Oral Exam	40.00		40.00
5/19/2015	Jeff	Adult Scale & Propy	180.00		220.00
<i>3 pages</i>					
<i>paid 6/12/15</i>					
<b>Account Total</b>					<b>220.00</b>
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Current	30 Days	60 Days	90 Days	120+ Days	
220.00	0.00	0.00	0.00	0.00	

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\_\_\_\_ Mastercard    \_\_\_\_ Visa    \_\_\_\_ Amex

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Sg Code \_\_\_\_\_

Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
9/30/2015	3114
	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
8/28/2015	Jeff	Recall Oral Exam	40.00		40.00
8/28/2015	Jeff	Adult Scale & Propy	180.00		220.00

**Account Total            220.00**

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Current	30 Days	60 Days	90 Days	120+ Days
220.00	0.00	0.00	0.00	0.00

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Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
10/29/2015	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
9/30/2015		Previous Balance			220.00
9/30/2015	Jeff	endosteal implant	3,000.00		3,220.00
9/30/2015	Jeff	Cone beam CT image half jaw	525.00		3,745.00
10/20/2015	Jeff	AMERICAN EXPRESS		220.00	3,525.00

Account Total 3,525.00

If payment has been sent, please disregard this statement - Thank You.

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Current	30 Days	60 Days	90 Days	120+ Days
3,525.00	0.00	0.00	0.00	0.00

# HISTORICAL STATEMENT

1/5/2016 to 2/24/2016

Telephone: (212) 688-1090

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

Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
2/24/2016	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/25/2015		Previous Balance			0.00
1/5/2016	Jeff	Abut Sup Porc/Gold Crown	2,300.00		2,300.00
1/5/2016	Jeff	Abutment Placement	1,400.00		3,700.00
2/3/2016	Jeff	Adult Scale & Propy	180.00		3,880.00
2/3/2016	Jeff	Recall Oral Exam	40.00		3,920.00
2/24/2016	Jeff	AMERICAN EXPRESS		3,920.00	0.00
<b>Account Total</b>					<b>0.00</b>
<b>Patient Charges</b>					<b>3,920.00</b>
<b>Patient Payments</b>					<b>3,920.00-</b>
<b>Patient Credits</b>					<b>0.00</b>
<b>Patient Debits</b>					<b>0.00</b>
<p><b>We accept credit cards! You may complete and return the top part of this statement, or call the office at 212-688-1090.</b></p>					
Current	30 Days	60 Days	90 Days	120+ Days	
0.00	0.00	0.00	0.00	0.00	

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Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

Date	Account
3/30/2016	3114
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/2/2016		Previous Balance			0.00
3/7/2016	Jeff	Temporary Cement	375.00		375.00
3/30/2016	Jeff	1 Surface Comp. Posterior	425.00		800.00
<i>paid 5/06/16</i>					
<b>Account Total</b>					<b>800.00</b>
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Current	30 Days	60 Days	90 Days	120+ Days	
800.00	0.00	0.00	0.00	0.00	

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