

STATEMENT

Thomas J. Magnani  
Alvin Grayson

Telephone: ( )

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
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		3,000.00		3,220.00
9/30/2015	Jeff		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.

We accept credit cards! You may complete and return the top part of this statement, or call the office at

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

Thomas J. Magnani Alvin Grayson

HISTORICAL STATEMENT  
1/5/2016 to 2/24/2016

Thomas J. Magnani  
Alvin Grayson

Telephone: [REDACTED]

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	[REDACTED]	2,300.00		2,300.00
1/5/2016	Jeff	[REDACTED]	1,400.00		3,700.00
2/3/2016	Jeff	[REDACTED]	180.00		3,880.00
2/3/2016	Jeff	[REDACTED]	40.00		3,920.00
2/24/2016	Jeff	AMERICAN EXPRESS		3,920.00	0.00
<b>Account Total</b>					<b>0.00</b>
Patient Charges					3,920.00
Patient Payments					3,920.00-
Patient Credits					0.00
Patient Debits					0.00
<p>We accept credit cards! You may complete and return the top part of this statement, or call the office at [REDACTED]</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
0.00	0.00	0.00	0.00	0.00	

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