

STATEMENT

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

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
 9 East 71st Street
 New York NY 10021

Date	Account
1/7/2015	10765
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
11/26/2014		Previous Balance			0.00
12/22/2014	[REDACTED]		2,100.00		2,100.00
	<i>Juggly</i>				
Account Total					2,100.00
<p>If payment has been sent, please disregard this statement - Thank You.</p> <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	
2,100.00	0.00	0.00	0.00	0.00	

Thomas J. Magnani [REDACTED] Alvin Grayson [REDACTED] [REDACTED] (212) 688-1090

HISTORICAL STATEMENT

2/3/2015 to 3/17/2015

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

Telephone [REDACTED]



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

Date	Account
3/17/2015	10765
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
1/29/2015		Previous Balance			0.00
2/3/2015	[REDACTED]		325.00		325.00
3/3/2015	[REDACTED]		375.00		700.00
3/6/2015	[REDACTED]		25.00		725.00
3/6/2015	[REDACTED]		24.00		749.00
Account Total					749.00
Patient Charges					749.00
Patient Payments					0.00
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 212-688-1090.</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
424.00	325.00	0.00	0.00	0.00	

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

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 _____ Sig Code _____

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

Date	Account
4/30/2015	10765
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/26/2015		Previous Balance			0.00
3/27/2015	[REDACTED]	[REDACTED]	180.00		180.00
3/27/2015	[REDACTED]	[REDACTED]	40.00		220.00
4/10/2015	[REDACTED]	[REDACTED]	7,500.00		7,720.00
	Juggly	invisalign with DR. SPAZOOKO			

Account Total 7,720.00

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
7,720.00	0.00	0.00	0.00	0.00

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

STATEMENT

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

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
 9 East 71st Street
 New York NY 10021

Date	Account
3/2/2016	10765
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
1/27/2016		Previous Balance			0.00
2/25/2016	[REDACTED]		40.00		40.00
2/25/2016	[REDACTED]		180.00		220.00
2/25/2016	[REDACTED]		0.00		220.00

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 [REDACTED]

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

Thomas J. Magnani [REDACTED] Alvin Grayson [REDACTED] 7 [REDACTED]

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 _____ Sig Code _____

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

Date	Account
4/27/2016	10765
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
3/30/2016		Previous Balance			0.00
4/6/2016	[REDACTED]	[REDACTED]	1,100.00		1,100.00
<i>paid 5/10/16 JE Amex \$1100 for supply</i>					

Account Total 1,100.00

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
1,100.00	0.00	0.00	0.00	0.00

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

