

HISTORICAL STATEMENT
12/1/2014 to 3/3/2015

Thomas J. Magnani
Alvin Grayson

Telephone:

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

| | |
|----------|------------|
| Date | Account |
| 3/3/2015 | 10345 |
| | Remittance |

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

| Date | Patient | Description | Charges | Credits | Balance |
|--------------------|---------|------------------|---------|---------|----------|
| 7/16/2014 | | Previous Balance | | | 0.00 |
| 12/23/2014 | | | 40.00 | | 40.00 |
| 12/23/2014 | | | 180.00 | | 220.00 |
| 12/23/2014 | | | 24.00 | | 244.00 |
| 12/23/2014 | | | 65.00 | | 309.00 |
| 2/25/2015 | | | 475.00 | | 784.00 |
| 2/25/2015 | | | 475.00 | | 1,259.00 |
| <i>Acct Bk</i> | | | | | |
| <i>paid \$1259</i> | | | | | |
| <i>03/13/15</i> | | | | | |
| <i>conf.</i> | | | | | |

Account Total 1,259.00

Patient Charges 1,259.00
Patient Payments 0.00
Patient Credits 0.00
Patient Debits 0.00

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 |
|---------|---------|---------|---------|-----------|
| 950.00 | 0.00 | 309.00 | 0.00 | 0.00 |

Thomas J. Magnani Alvin Grayson D.D.S.

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 _____

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

| Date | Account |
|-----------|------------|
| 7/29/2015 | 10345 |
| | Remittance |

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

| Date | Patient | Description | Charges | Credits | Balance |
|--|---------|------------------|----------|-----------|-----------------|
| 7/1/2015 | | Previous Balance | | | 0.00 |
| 7/9/2015 | | | 40.00 | | 40.00 |
| 7/9/2015 | | | 180.00 | | 220.00 |
| 7/9/2015 | | | 1,500.00 | | 1,720.00 |
| <i>paid 09/22/15</i> | | | | | |
| <i>Amex</i> | | | | | |
| <i>Sulia confirmed</i> | | | | | |
| Account Total | | | | | 1,720.00 |
| <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</p> | | | | | |
| Current | 30 Days | 60 Days | 90 Days | 120+ Days | |
| 1,720.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Thomas J. Magnani Alvin Grayson

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 | 10345 |
| | 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 |
| 2/3/2016 | [REDACTED] | | 40.00 | | 40.00 |
| 2/3/2016 | [REDACTED] | | 180.00 | | 220.00 |
| 2/3/2016 | [REDACTED] | | 65.00 | | 285.00 |

Account Total 285.00

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 |
|---------|---------|---------|---------|-----------|
| 285.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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