

STATEMENT

Thomas J. Magnani  
 Alvin Grayson  
 7th Floor  
 New York NY 10019

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	9648
	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
12/17/2014	[REDACTED]	[REDACTED]	350.00		350.00
12/17/2014	[REDACTED]	[REDACTED]	40.00		390.00
12/17/2014	[REDACTED]	[REDACTED]	180.00		570.00
12/17/2014	[REDACTED]	[REDACTED]	65.00		635.00

Account Total 635.00

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
635.00	0.00	0.00	0.00	0.00

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

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

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

Telephone: [REDACTED]

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

Date	Account
3/3/2015	9648
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
6/20/2014		Previous Balance			0.00
12/17/2014	[REDACTED]		350.00		350.00
12/17/2014	[REDACTED]		40.00		390.00
12/17/2014	[REDACTED]		180.00		570.00
12/17/2014	[REDACTED]		65.00		635.00
1/8/2015	[REDACTED]		0.00		635.00
1/8/2015	[REDACTED]		7,500.00		8,135.00
1/30/2015	[REDACTED]			635.00	7,500.00
2/9/2015	[REDACTED]		25.00		7,525.00
<b>Account Total</b>					<b>7,525.00</b>
<b>Patient Charges</b>					<b>8,160.00</b>
<b>Patient Payments</b>					<b>635.00-</b>
<b>Patient Credits</b>					<b>0.00</b>
<b>Patient Debits</b>					<b>0.00</b>
<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	
25.00	7,500.00	0.00	0.00	0.00	

*enclosed for approval*  
*paid 03/06/15 per SE approval*  
*\$7525*

Thomas J. Magnani [REDACTED] Alvin Grayson D.D.S. [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
6/3/2015	9648
	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	[REDACTED]	Previous Balance			0.00
5/29/2015	[REDACTED]	[REDACTED]	1,100.00		1,100.00
		paid 6/24/15 Laurene			

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] [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
10/29/2015	9648
	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			0.00
10/22/2015	[REDACTED]	[REDACTED]	40.00		40.00
10/22/2015	[REDACTED]	[REDACTED]	180.00		220.00

Account Total 220.00

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

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

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