

STATEMENT

Thomas J. Magnani [REDACTED]
 Alvin Grayson [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	10055
	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
12/15/2014	[REDACTED]		40.00		40.00
12/15/2014	[REDACTED]		180.00		220.00
12/18/2014	[REDACTED]		425.00		645.00

paid \$645
1/29/15

Account Total 645.00

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
645.00	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
7/1/2015	10055
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
6/3/2015		Previous Balance			0.00
6/16/2015	[REDACTED]		180.00		180.00
6/16/2015	[REDACTED]		40.00		220.00
6/16/2015	[REDACTED]		160.00		380.00
6/16/2015	[REDACTED]		750.00		1,130.00
<p><i>paid \$1130</i></p> <p><i>7/15/15</i></p> <p><i>JE Blank Amex</i></p>					
Account Total					1,130.00
<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	
1,130.00	0.00	0.00	0.00	0.00	

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

STATEMENT

Thomas J. Magnani
Alvin Grayson

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
3/30/2016	10055
	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
3/21/2016			40.00		40.00
3/21/2016			180.00		220.00
3/21/2016			450.00		670.00
3/21/2016			160.00		830.00
<i>paid 5/06/16</i>					
Account Total					830.00
<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	
830.00	0.00	0.00	0.00	0.00	

Thomas J. Magnani Alvin Grayson