

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    \_\_\_\_ Amax

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Sig Code \_\_\_\_\_

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

Date	Account
1/7/2015	9293
	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
1/6/2015			40.00		40.00
1/6/2015			180.00		220.00
1/6/2015			600.00		820.00

Account Total 820.00

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
820.00	0.00	0.00	0.00	0.00

Thomas J. Magnani    Alvin Grayson

Thomas J. Magnani  
Alvin Grayson

Telephone

If paying by credit card, enter the amount you are paying  
fill out below.

\_\_\_\_ Mastercard    \_\_\_\_ Visa    \_\_\_\_ Amex

Card # \_\_\_\_\_

Signature \_\_\_\_\_

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

Date	
7/29/2015	

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

Date	Patient	Description	Charges	Credits
7/1/2015		Previous Balance		
7/1/2015			40.00	
7/1/2015			180.00	

Account Total

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 212-688-1090.

Current	30 Days	60 Days	90 Days	
220.00	0.00	0.00	0.00	1

Thomas J. Magnani    Alvin Grayson

STATEMENT

Thomas J. Magnani  
Alvin Grayson

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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	9293
	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
2/17/2016			40.00		40.00
2/17/2016			180.00		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

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

Thomas J. Magnani Alvin Grayson

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	9293
	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			220.00
3/17/2016				220.00	0.00
3/22/2016			125.00		125.00
3/22/2016			30.00		155.00
3/22/2016			450.00		605.00

*paid 3/6/16*

Account Total 605.00

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

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Current	30 Days	60 Days	90 Days	120+ Days
605.00	0.00	0.00	0.00	0.00

Thomas J. Magnani Alvin Grayson

STATEMENT

Thomas J. Magnani [REDACTED]  
 Alvin Grayson [REDACTED]  
 7 West 54th Street [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	9293
	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
10/6/2015	[REDACTED]		450.00		450.00
10/6/2015	[REDACTED]		450.00		900.00
10/13/2015	[REDACTED]		275.00		1,175.00

Account Total 1,175.00

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
1,175.00	0.00	0.00	0.00	0.00

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