

STATEMENT

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



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	
	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
12/23/2014			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

Account Total 309.00

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
309.00	0.00	0.00	0.00	0.00

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

STATEMENT

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

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	[REDACTED]
	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	[REDACTED]	Previous Balance			0.00
12/22/2014	[REDACTED]	[REDACTED]	2,100.00		2,100.00

Account Total 2,100.00

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
2,100.00	0.00	0.00	0.00	0.00

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