

## STATEMENT

Thomas J. Magnani D.D.S.  
 Alvin Grayson D.D.S.  
 7 West 51st Street  
 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 \_\_\_\_\_

Jeff Epstein  
 9 East 71st Street  
 New York NY 10021

| Date      | Account    |
|-----------|------------|
| 3/30/2016 | 3114       |
|           | 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    |
| 3/7/2016  | Jeff    | Temporary Cement          | 375.00  |           | 375.00  |
| 3/30/2016   | Jeff    | 1 Surface Comp. Posterior | 425.00  |           | 800.00  |
| Account Total   |         |                           |         |           | 800.00  |
| <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 |         |
| 800.00  | 0.00    | 0.00                      | 0.00    | 0.00      |         |

Thomas J. Magnani D.D.S. Alvin Grayson D.D.S. 7 West 51st Street 7th Floor New York NY 10019 [REDACTED]

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From: [REDACTED]

Subject: Jeffrey and doctors-Wed. March 30th, 2016

Date: March 29, 2016 at 11:39 AM

To: Bella Klein bklein575@gmail.com



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FYI...Jeffrey is going to see Dr. Magnani tomorrow at 9am and Dr. Kline at 10am (Magnani for a cavity and Kline is a dermatologist)