

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

paid 5/06/16

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
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]

EFTA_R1_01294904

EFTA02335953

From: [REDACTED]
Subject: Jeffrey and doctors-Wed. March 30th, 2016
Date: March 29, 2016 at 11:39 AM
To: Bella Klein bklein575@gmail.com



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)