STATEMENT

Thomas J. Magnani D.D.S.
Alvin Grayson D.D.S.
[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
7/29/2015	10345
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
7/1/2015	[redacted]	Previous Balance			0.00
7/9/2015		Recall Oral Exam	40.00		40.00
7/9/2015		Adult Scale & Prophy	180.00		220.00
7/9/2015		Orthodontic retainer	1,500.00		1,720.00

Account Total **1,720.00**

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 212-688-1090.

Current	30 Days	60 Days	90 Days	120+ Days
1,720.00	**0.00**	**0.00**	**0.00**	**0.00**