

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 _____

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

Date	Account
7/1/2015	10055
	Remittance

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

Date	Patient	Description	Charges	Credits	Balance
6/3/2015		Previous Balance			0.00
6/16/2015		Adult Scale & Prophyl	180.00		180.00
6/16/2015		Recall Oral Exam	40.00		220.00
6/16/2015		Electric toothbrush	160.00		380.00
6/16/2015		Laser Bleaching	750.00		1,130.00
Account Total					1,130.00
<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 212-688-1090.</p>					
Current	30 Days	60 Days	90 Days	120+ Days	
1,130.00	0.00	0.00	0.00	0.00	

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