

BALANCE STATEMENT

PATIENT NAME: ALFRED KIPYEGON BETT

PATIENT NUMBER: 1118/15

PATIENT TYPE: Cash - cash

STATEMENT DATE: 2016-08-24

MOLARS DENTAL

3rd Flr Electricity House

Harambee Avenue City Centre

Tel: 020 242 8104

Mobile: 0751 856 900

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2015-03-12	Consultation Partially Done			1,000.00			
2015-03-12	Loyalty Points						1.53
TOTALS		0.00	0.00	1,000.00	0.00	0.00	1.53
BALANCE		0		1,000.00		-1.53	