

BALANCE STATEMENT

PATIENT NAME: PHILISTER GAKII LWIMBI

PATIENT NUMBER: 1218/14

PATIENT TYPE: 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](mailto:creditcontrol@molars.co.ke)

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2014-04-05	Consultation Done			1,000.00			
2014-04-05	Extraction(Adult) 38 Done			3,000.00			
2014-04-05	Full Mouth Scaling Not Started			5,000.00			
2014-04-05	Loyalty Points						1.09
2014-04-05	Payment: Cash R801-04/14				3,000.00		
TOTALS		0.00	0.00	9,000.00	3,000.00	0.00	1.09
BALANCE		0		6,000.00		-1.09	