

BALANCE STATEMENT

PATIENT NAME: BASIL OMMIA LESSAN

PATIENT NUMBER: 4889/16

PATIENT TYPE: Resolution Health - Quintiles

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
2016-07-24	Consultation Partially Done - I45718-07/16	1,000.00					
2016-07-24	Digital OPG X ray Done - I45718-07/16	1,500.00					
2016-07-24	Loyalty Points						1.37
2016-08-14	Loyalty Points						2.17
2016-08-14	PRESCRIPTION: P23537-08/16 STA 30			2,000.00			
2016-08-14	Regime: Cash R25131-08/16				2,000.00		
2016-08-15	Gic filling (Permanent filling) 44 Partially Done - I46288-08/16	4,000.00					
2016-08-15	Pulpotomy 45 Partially Done - I46288-08/16	3,500.00		500.00			
TOTALS		10,000.00	0.00	2,500.00	2,000.00	0.00	3.54
BALANCE		10,000.00		500.00		-3.54	