

BALANCE STATEMENT

PATIENT NAME: Christine Chebet Kimaru

PATIENT NUMBER: 2797/12

PATIENT TYPE: AON Minet - NAIROBI BOTTLERS (NBL)

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
2012-12-05	Digital OPG X ray, Done - I17121-12/12	2,000.00					
2012-12-05	Amalgam Fillings 48 Partially Done - I17121-12/12	2,500.00					
2012-12-05	Composite Fillings 11,21 Partially Done - I17147-12/12	5,000.00					
2012-12-05	Consultation Not Started - I17121-12/12	1,000.00					
2012-12-05	Payment: Cash R22783-12/12				200.00		
2012-12-06	Co-payment for invoice I17121-12/12		200.00	200.00			
2013-05-02	Payment: Cheque R28032-05/13		1,000.00				
2013-05-02	Payment: Cheque R28032-05/13		2,000.00				
2013-05-02	Payment: Cheque R28032-05/13		2,300.00				
TOTALS		10,500.00	5,500.00	200.00	200.00	0.00	0.00
BALANCE		5,000.00		0		0	