

BALANCE STATEMENT

PATIENT NAME: PATRICIA GACHERI MATHIU

PATIENT NUMBER: 3479/15

PATIENT TYPE: AAR - KUSCCO LTD.

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
2015-06-08	Amalgam Fillings 36 Partially Done - I34846-06/15	3,000.00					
2015-06-08	Amalgam Fillings 37 Partially Done - I34846-06/15	3,000.00					
2015-06-08	Consultation Done - I34846-06/15	1,000.00					
2015-06-08	Dentofit tooth paste Done			1,000.00			
2015-06-08	Digital OPG X ray Done - I34846-06/15	2,000.00					
2015-06-08	Loyalty Points						0.29
2015-06-08	Loyalty Points						1.94
2015-06-08	STA Done			2,000.00			
2015-06-08	Payment: VISA R12170-06/15				2,000.00		
2015-09-25	Payment: EFT RI10706-09/15		9,000.00				
TOTALS		9,000.00	9,000.00	3,000.00	2,000.00	0.00	2.23
BALANCE		0		1,000.00		-2.23	