

BALANCE STATEMENT

PATIENT NAME: CHRISTINE BWARI ATANDI

PATIENT NUMBER: 3225/15

PATIENT TYPE: APA insurance - ST ALOYSIUS GONZAGA SEC SCHOOL

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
2015-05-20	Consultation Done - I34469-05/15	1,000.00					
2015-05-20	Digital OPG X ray Done - I34469-05/15	1,500.00					
2015-05-20	Gic Fillings 38 Partially Done			500.00			
2015-05-20	Gic filling (Permanent filling) 38 Done - I34469-05/15	2,500.00					
2015-05-20	Gum treatment Done - I34469-05/15	5,000.00					
2015-05-20	Loyalty Points						1.47
2015-05-21	Loyalty Points						1.06
2015-06-23	Payment: Cheque RI7447-06/15		10,000.00				
TOTALS		10,000.00	10,000.00	500.00	0.00	0.00	2.53
BALANCE		0		500.00		-2.53	