

BALANCE STATEMENT

PATIENT NAME: MICHELLLE NDUTA KARIUKI

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 405/16

Avenue City Centre
PATIENT TYPE: UAP - FAULU KENYA
020 242 8104

STATIONERY DATE: 2016-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2016-01-23	Co-payment for invoice I40948-01/16		200.00	200.00			
2016-01-23	Consultation Partially Done - I40948-01/16	1,000.00					
2016-01-23	Digital OPG X ray Done - I40948-01/16	2,000.00					
2016-01-23	Extraction(Pedeatric) 13,23 53,63 Done - I40948-01/16	4,000.00					
2016-01-23	Loyalty Points						1.66
2016-04-20	Payment: EFT RI15757-04/16		6,800.00				
TOTALS		7,000.00	7,000.00	200.00	0.00	0.00	1.66
BALANCE		0		200.00		-1.66	