

BALANCE STATEMENT

PATIENT NAME: CATHERINE MUTHONI

PATIENT NUMBER: 854/15

PATIENT TYPE: Jubilee Ins. Co. - PUBLIC SERVICE COMMISSION

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
2015-02-25	Amalgam Fillings 16,15 Partially Done - I32631-02/15	6,000.00					
2015-02-25	Amalgam Fillings 47,46 Done - I32631-02/15	6,000.00					
2015-02-25	Consultation Done - I32631-02/15	1,000.00					
2015-02-25	Digital OPG X ray Done - I32631-02/15	1,500.00					
2015-02-25	Gum treatment Done - I32631-02/15	5,000.00					
2015-02-25	Implant 26 14 Not Started			120,000.00			
2015-02-25	Loyalty Points						0.74
2015-02-25	Root Canal Treatment 13 Partially Done - I32631-02/15	8,000.00					
2015-03-03	Loyalty Points						0.60
2015-03-12	Loyalty Points						1.15
2015-03-13	Digital IOPA XRAY Done - I33010-03/15	0.00		500.00			
2015-03-13	Loyalty Points						1.32
2015-03-16	Loyalty Points						0.71
2015-09-24	Loyalty Points						6.00
2015-09-25	Loyalty Points						5.52
2016-02-08	Loyalty Points						1.04
2016-02-08	Root Canal Treatment 41,31 Done - I41349-02/16	20,000.00					
2016-04-07	Payment: Cheque RI15483-04/16		27,500.00				
2016-04-18	Payment: Cheque RI15571-04/16		20,000.00				
TOTALS		47,500.00	47,500.00	120,500.00	0.00	0.00	17.08

BALANCE	0	120,500.00	-17.08
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