

BALANCE STATEMENT

PATIENT NAME: SUSAN NJOKI KINYANJUI

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 8601/15

House
Avenue City Centre
PATIENT TYPE: AAR - AAR STAFF
020 242 8104

STATION 075 D56 920
MOBILE 075 D56 920
16-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2015-09-26	Consultation Not Started - I37777-09/15	1,000.00					
2015-09-26	Crown 11,21 Not Started			30,000.00			
2015-09-26	Digital OPG X ray Not Started - I37777-09/15	2,000.00					
2015-09-26	Gum treatment Not Started - I37777-09/15	4,500.00					
2015-09-26	Gum treatment Partially Done			1,500.00			
2015-09-26	Loyalty Points						0.60
2015-09-26	Partial Denture(Rubber) upper /lower missing teeth Not Started			20,000.00			
2015-09-26	Payment: VISA R15655-09/15				1,000.00		
TOTALS		7,500.00	0.00	51,500.00	1,000.00	0.00	0.60
BALANCE		7,500.00		50,500.00		-0.60	