

BALANCE STATEMENT

PATIENT NAME: Susan Mueni Mumina

PATIENT NUMBER: 911/13

Centre  
PATIENT TYPE: AON Minet - Safaricom

STATEMENT DATE: 2016-08-24

[creditcontrol@molars.co.ke](mailto:creditcontrol@molars.co.ke)

MOLARS DENTAL

3rd Flr Electricity House

Harambee Avenue City

Tel: 020 242 8104

Mobile: 0751 856

Email:

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-04-09	Amalgam Fillings 14d,15m-d,16m-d Done - I18834-04/13	6,000.00					
2013-04-09	Amalgam Fillings 25m-d,26d Done - I18777-04/13	5,000.00					
2013-04-09	Consultation Done - I18777-04/13	1,000.00					
2013-04-09	Root Canal Treatment 24 Done - I18777-04/13	8,000.00					
2013-06-17	Digital OPG X ray, Done - I19924-06/13	0.00		1,000.00			
2013-06-17	Payment: Cash R31490-06/13				500.00		
2013-08-27	Payment: Cheque R36612-08/13		1,000.00				
2013-08-27	Payment: Cheque R36612-08/13		5,000.00				
2013-08-27	Payment: Cheque R36612-08/13		6,000.00				
2013-08-27	Payment: Cheque R36612-08/13		8,000.00				
2014-04-08	Loyalty Points						0.46
TOTALS		20,000.00	20,000.00	1,000.00	500.00	0.00	0.46
BALANCE		0		500.00		-0.46	