

BALANCE STATEMENT

PATIENT NAME: EUNICE NJOKI MACHARIA

PATIENT NUMBER: 2803/13

PATIENT TYPE: Cash - cash

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
2013-09-02	Digital OPG X ray, Done			2,000.00			
2013-09-02	Amalgam Fillings 17,45,36 Not Started			6,000.00			
2013-09-02	Consultation Done			1,000.00			
2013-09-02	Extraction(Adult) 28 Not Started			1,000.00			
2013-09-02	Full Mouth Scaling Not Started			3,000.00			
2013-09-02	Root Canal Treatment 46 Done			6,000.00			
2013-09-02	Payment: Mpesa R37095-09/13				3,400.00		
2013-09-09	Payment: Mpesa R37511-09/13				2,500.00		
2013-09-17	Payment: Cash R38025-09/13				3,000.00		
TOTALS		0.00	0.00	19,000.00	8,900.00	0.00	0.00
BALANCE		0		10,100.00		0	