

BALANCE STATEMENT

PATIENT NAME: Albanus Mutua Mumo

PATIENT NUMBER: 2159/13

Electricty House

Harambee Avenue City Centre

PATIENT TYPE: Jubilee Ins. Co. - Export Promotion Council

Tel: 020 242 8104

STATEMENT DATE: 2016-08-24

Mobile: 0751 856 900

Email: creditcontrol@molars.co.ke

MOLARS DENTAL

3rd Flr

DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	
POINTS	DESCRIPTION	DEBIT	CREDIT			DEBIT	
2013-07-15	Digital OPG X ray, Done - I20527-07/13	2,000.00					
2013-07-15	Co-payment for invoice I20527-07/13		200.00	200.00			
2013-07-15	Consultation Done - I20527-07/13	1,000.00					
2013-07-15	Root Canal Treatment 17 Partially Done - I20527-07/13	8,000.00					
2013-12-19	Payment: Cheque R43725-12/13		600.00				
2013-12-19	Payment: Cheque R43725-12/13		2,000.00				
2013-12-19	Payment: Cheque R43725-12/13		8,000.00				
TOTALS		11,000.00	10,800.00	200.00	0.00	0.00	0.00
BALANCE		200.00		200.00		0	