

BALANCE STATEMENT

PATIENT NAME: Joseph Kimani Kihika

PATIENT NUMBER: 1/08

PATIENT TYPE: AON Minet - Toyota Kenya

STATEMENT DATE: 2013-10-05

MOLARS DENTAL
3rd Flr Electricity House
Harambee Avenue City Centre
Tel: 020 242 8104
Mobile: 0751 856 900
Email: test@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-08-01	Complete Denture(Acrylic) Partially Done			44,444,444.00			
2013-09-17	Payment: Cash R45-09/13				1.00		
2013-09-17	Payment: Cash R46-09/13				3,456.00		
TOTALS		0.00	0.00	44,444,444.00	3,457.00	0.00	0.00
BALANCE		0		44,440,987.00		0	