

BALANCE STATEMENT

PATIENT NAME: SAMUEL KARIMI MUCHIRI

PATIENT NUMBER: 1932/15

PATIENT TYPE: Real Health - Ole Dume Suites Limited

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
2015-04-08	Co-payment for invoice I33552-04/15		200.00	200.00			
2015-04-08	Loyalty Points						1.50
2015-04-14	Consultation Not Started - I33552-04/15	400.00		600.00			
2015-04-14	Digital OPG X ray Not Started - I33552-04/15	2,000.00					
2015-04-14	Root Canal Treatment 25 Partially Done - I33552-04/15	8,000.00					
2015-04-15	Loyalty Points						1.67
2015-04-22	Loyalty Points						1.44
2016-03-22	Payment: EFT RI15151-03/16		10,200.00				
TOTALS		10,400.00	10,400.00	800.00	0.00	0.00	4.61
BALANCE		0		800.00		-4.61	