

BALANCE STATEMENT

PATIENT NAME: Christopher Mayavi

PATIENT NUMBER: 188/12

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 |
|------------|----------------------------|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2012-01-26 | Consultation Done | | | 500.00 | | | |
| 2012-01-26 | ortho upper Not Started | | | 70,000.00 | | | |
| TOTALS | | 0.00 | 0.00 | 70,500.00 | 0.00 | 0.00 | 0.00 |
| BALANCE | | 0 | | 70,500.00 | | 0 | |