

BALANCE STATEMENT

PATIENT NAME: BENARD OYUGI OTIENO

PATIENT NUMBER: 2004/15

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 |
|------------|--|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2015-04-13 | Consultation Done | | | 1,000.00 | | | |
| 2015-04-13 | Digital OPG X ray Done | | | 2,000.00 | | | |
| 2015-04-13 | Loyalty Points | | | | | | 1.72 |
| 2015-04-13 | currerage and root planning lower surgical curretage under la Not | | | 10,000.00 | | | |
| 2015-04-13 | currerage and root planning upper surgical curretage under la Not | | | 10,000.00 | | | |
| 2015-04-13 | Payment: Cash R10289-04/15 | | | | 2,500.00 | | |
| TOTALS | | 0.00 | 0.00 | 23,000.00 | 2,500.00 | 0.00 | 1.72 |
| BALANCE | | 0 | | 20,500.00 | | -1.72 | |