

BALANCE STATEMENT

PATIENT NAME: MERCY WANJIKU KIMANI

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 637/16

House
Avenue City Centre
PATIENT TYPE: UAP - FAULU KENYA
020 242 8104

STATION 075 D 856 920
MOBILE 075 D 856 920
16-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2016-01-23	Co-payment for invoice I40953-01/16		200.00	200.00			
2016-01-23	Consultation Done - I40953-01/16	1,000.00					
2016-01-23	Gum treatment Done - I40953-01/16	5,000.00					
2016-01-23	Loyalty Points						1.65
2016-04-20	Payment: EFT R115757-04/16		5,800.00				
TOTALS		6,000.00	6,000.00	200.00	0.00	0.00	1.65
BALANCE		0		200.00		-1.65	