

BALANCE STATEMENT

PATIENT NAME: Dela Anyango Okul

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 1884/12

PATIENT TYPE: Cash - cash
020 242 8104

STATION 075 D 856 92016-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2012-09-01	Consultation consultation Done			1,000.00			
2012-09-01	Extraction(Adult) xla 16 Partially Done			2,000.00			
2012-09-01	Extraction(Adult) xla 26 Not Started			2,000.00			
2012-09-01	Extraction(Adult) xla 36 Done			2,000.00			
2012-09-01	Payment: Cash R19671-09/12				2,000.00		
2012-09-01	Payment: VISA R19672-09/12				1,000.00		
2013-06-15	Payment: VISA R31476-06/13				1,000.00		
TOTALS		0.00	0.00	7,000.00	4,000.00	0.00	0.00
BALANCE		0		3,000.00		0	