

BALANCE STATEMENT

PATIENT NAME: AGNES NDILA MUSYOKI

PATIENT NUMBER: 3138/15

PATIENT TYPE: APA insurance - EMBU COUNTY ASSEMBLY

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
2015-05-15	Loyalty Points						0.70
2015-05-15	PRESCRIPTION: P14075-05/15 Dentofit			1,000.00			
2015-05-15	Payment: VISA R11446-05/15				1,000.00		
2015-05-29	Consultation Done - I34354-05/15	0.00		1,000.00			
2015-05-29	Digital OPG X ray Done - I34354-05/15	0.00		1,500.00			
2015-05-29	Gum treatment Done - I34354-05/15	450.00		4,550.00			
2015-05-29	Open Disimpaction 38 Done - I34354-05/15	10,000.00					
2015-06-12	Gum treatment Done - I34962-06/15	2,500.00					
2015-06-12	Gum treatment Partially Done			2,500.00			
2015-06-12	Loyalty Points						2.14
2015-06-12	Payment: VISA R12335-06/15				9,500.00		
2015-06-13	Loyalty Points						0.88
2015-06-20	Loyalty Points						0.58
2015-06-20	STA Done			2,000.00			
2015-06-20	Payment: VISA R12551-06/15				2,000.00		
2015-06-23	Payment: Cheque RI7392-06/15		10,450.00				
2015-06-27	Loyalty Points						0.92
2015-12-18	Payment: Cheque RI12741-12/15		2,500.00				
TOTALS		12,950.00	12,950.00	12,550.00	12,500.00	0.00	5.22
BALANCE		0		50.00		-5.22	