

BALANCE STATEMENT

PATIENT NAME: Amos Kanyoi Muikia

PATIENT NUMBER: 2099/13

Centre
PATIENT TYPE: Cash - cash

STATEMENT DATE: 2016-08-24

creditcontrol@molars.co.ke

MOLARS DENTAL

3rd Flr Electricity House

Harambee Avenue City

Tel: 020 242 8104

Mobile: 0751 856

Email:

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-07-11	Digital OPG X ray, Done			2,000.00			
2013-07-11	Amalgam Fillings 46o,47m Not Started			4,000.00			
2013-07-11	Consultation Partially Done			1,000.00			
2013-07-11	Extraction(Adult) 18 Not Started			2,000.00			
2013-07-11	Open Disimpaction 23,33 Not Started			16,000.00			
2013-07-11	Root Canal Treatment 37 Partially Done			5,000.00			
2013-07-11	gum treatment and prophylaxis Partially Done			4,000.00			
2013-07-11	Payment: Cash R33638-07/13				6,000.00		
2013-07-19	Extraction(Roots) 28 Not Started			2,000.00			
2013-07-19	Payment: Cash R33913-07/13				1,000.00		
2013-08-12	Payment: Cash R35329-08/13				1,000.00		
2013-11-25	Payment: Mpesa R42562-11/13				3,000.00		
TOTALS		0.00	0.00	36,000.00	11,000.00	0.00	0.00
BALANCE		0		25,000.00		0	