

BALANCE STATEMENT

PATIENT NAME: CLIDE MUTIA MAINGI

PATIENT NUMBER: 3033/15

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
2015-05-09	Consultation Done			1,000.00			
2015-05-09	Extraction(Roots) 44 Done			1,500.00			
2015-05-09	Gic Fillings 15 Done			3,000.00			
2015-05-09	Gic filling (Permanent filling) 25 Not Started			3,000.00			
2015-05-09	Loyalty Points						2.10
2015-05-09	STA Done			2,000.00			
2015-05-09	Payment: Cash R11246-05/15				5,500.00		
2015-09-12	Amalgam Fillings 45 85 Done			3,000.00			
2015-09-12	Gic Fillings 24 64 Partially Done			3,000.00			
2015-09-12	Gum treatment Done			5,000.00			
2015-09-12	Loyalty Points						3.69
2015-09-12	Payment: VISA R15195-09/15				8,000.00		
2015-11-16	Composite Fillings 45 85 Done			1,000.00			
2015-11-16	Gic Fillings 34 74 Not Started			3,000.00			
2015-11-16	Loyalty Points						0.92
2015-11-16	Payment: Mpesa R17161-11/15				5,000.00		
TOTALS		0.00	0.00	25,500.00	18,500.00	0.00	6.71
BALANCE		0		7,000.00		-6.71	