BALANCE STATEMENT

PATIENT NAME: WINNIE NDUTA

PATSENT NUMBER: 9378/15

Avenue City Centre PATIENT TYPE: UAP - Bank of Africa 020 242 8104

STM TEM ENT 5 D & 5 6 9 20 16-08-24

Email: creditcontrol@molars.co.ke

MOLARS DENTAL 3rd FIr Electricity Harambee Tel:

DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	POINTS
	DESCRIPTION	DEBIT	CREDIT			DEBIT	CREDIT
2015-10-08	Co-payment for invoice I38065-10/15		200.00	200.00			
2015-10-08	Consultation Done - I38065-10/15	1,000.00					
2015-10-08	Digital OPG X ray Done -	2,000.00					
	138065-10/15						
2015-10-08	Gum treatment prophy Done -	2,000.00					
	138065-10/15						
2015-10-08	Loyalty Points						1.06
2015-11-27	Payment: EFT RI12228-11/15		4,800.00				
TOTALS		5,000.00	5,000.00	200.00	0.00	0.00	1.06
BALANCE		0		200.00		-1.06	