

BALANCE STATEMENT

PATIENT NAME: Regina Mulote

PATIENT NUMBER: 21/09

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
2009-12-29	Payment: Cash R1884-12/09				20,000.00		
2010-01-07	Payment: Cash R1970-01/10				4,000.00		
2013-01-03	Crown 33 to 43 Partially Done			72,000.00			
2013-01-05	CSSD Partially Done			24,000.00			
2013-01-05	Payment: Cash R23705-01/13				50,000.00		
2013-01-11	Payment: Cash R24233-01/13				20,000.00		
2013-01-11	Payment: Cash R24234-01/13				1,200.00		
TOTALS		0.00	0.00	96,000.00	95,200.00	0.00	0.00
BALANCE		0		800.00		0	