

BALANCE STATEMENT

PATIENT NAME: LEAH WAMBUI MWENJA

PATIENT NUMBER: 493/15

PATIENT TYPE: UAP - Bank of Africa

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
2015-01-31	Co-payment for invoice I32094-01/15		300.00	300.00			
2015-01-31	Consultation Done - I32094-01/15	1,000.00					
2015-01-31	Digital OPG X ray Done - I32094-01/15	2,000.00					
2015-01-31	Gum treatment Partially Done - I32094-01/15	5,000.00					
2015-01-31	Loyalty Points						3.32
2015-01-31	Payment: Cash R8385-01/15				200.00		
2015-05-27	Payment: EFT RI6801-05/15		7,700.00				
TOTALS		8,000.00	8,000.00	300.00	200.00	0.00	3.32
BALANCE		0		100.00		-3.32	