

BALANCE STATEMENT

PATIENT NAME: BONIFACE KALA NDETO

PATIENT NUMBER: 255/15

PATIENT TYPE: AON Minet - ICEA

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](mailto:creditcontrol@molars.co.ke)

| DATE       | TRANSACTION<br>DESCRIPTION                         | INSURANCE<br>DEBIT | INSURANCE<br>CREDIT | CASH DEBIT | CASH CREDIT | POINTS<br>DEBIT | POINTS<br>CREDIT |
|------------|--|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2015-01-17 | Loyalty Points                                     |                    |                     |            |             |                 | 1.67             |
| 2015-01-23 | Loyalty Points                                     |                    |                     |            |             |                 | 8.55             |
| 2015-02-02 | Consultation Not Started -<br>I31739-01/15         | 1,000.00           |                     |            |             |                 |                  |
| 2015-02-02 | Digital OPG X ray Not Started -<br>I31739-01/15    | 2,000.00           |                     |            |             |                 |                  |
| 2015-02-02 | Open Disimpaction 38 Not Started -<br>I31739-01/15 | 7,000.00           |                     | 1,000.00   |             |                 |                  |
| 2015-04-20 | Payment: EFT RI6241-04/15                          |                    | 10,000.00           |            |             |                 |                  |
| TOTALS     |  | 10,000.00          | 10,000.00           | 1,000.00   | 0.00        | 0.00            | 10.22            |
| BALANCE    |  | 0                  |                     | 1,000.00   |             | -10.22          |                  |