

BALANCE STATEMENT

PATIENT NAME: MORRIS ISALAMBO ADUKHA

PATIENT NUMBER: 4986/14

PATIENT TYPE: C.I.C - NAIROBI BOTTLERS (NBL)

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 |
|------------|---|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2014-11-19 | Amalgam Fillings 36 Not Started - I30405-11/14 | 3,000.00 | | | | | |
| 2014-11-19 | Co-payment for invoice I30405-11/14 | | 200.00 | 200.00 | | | |
| 2014-11-19 | Consultation Not Started - I30405-11/14 | 1,000.00 | | | | | |
| 2014-11-19 | Digital OPG X ray Done - I30405-11/14 | 2,000.00 | | | | | |
| 2014-11-19 | Gum treatment Partially Done - I30405-11/14 | 5,000.00 | | | | | |
| 2014-11-19 | Loyalty Points | | | | | | 0.80 |
| 2015-03-20 | Payment: EFT RI5913-03/15 | | 10,800.00 | | | | |
| TOTALS | | 11,000.00 | 11,000.00 | 200.00 | 0.00 | 0.00 | 0.80 |
| BALANCE | | 0 | | 200.00 | | -0.80 | |