

BALANCE STATEMENT

PATIENT NAME: Joyce Nkirote Kinuu

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 92/12

House
Avenue City Centre
PATIENT TYPE: Dr Kisia
020 242 8104

STATION 075 D 856 920
MOLARS DENTAL
16-08-24

Email: creditcontrol@molars.co.ke

| DATE | TRANSACTION DESCRIPTION | INSURANCE DEBIT | INSURANCE CREDIT | CASH DEBIT | CASH CREDIT | POINTS DEBIT | POINTS CREDIT |
|------------|----------------------------|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2012-01-12 | Consultation Done | | | 500.00 | | | |
| 2012-01-12 | dis 48 Not Started | | | 6,000.00 | | | |
| 2012-01-12 | opg xray Done | | | 1,000.00 | | | |
| 2012-01-12 | xla 18 Not Started | | | 2,000.00 | | | |
| 2012-01-12 | Payment: Cash R13660-01/12 | | | | 500.00 | | |
| TOTALS | | 0.00 | 0.00 | 9,500.00 | 500.00 | 0.00 | 0.00 |
| BALANCE | | 0 | | 9,000.00 | | 0 | |