

BALANCE STATEMENT

PATIENT NAME: MICHAEL KIPNGETICH MUTAI

PATIENT NUMBER: 5433/14

PATIENT TYPE: APA insurance - KENYACAMM

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
2014-12-17	Loyalty Points						1.54
2015-01-09	Consultation Not Started - I31044-12/14	1,000.00					
2015-01-09	Digital OPG X ray Not Started - I31044-12/14	1,500.00					
2015-01-09	Extraction(Adult) 17, 26 Not Started - I31044-12/14	3,000.00					
2015-01-09	Gum treatment Not Started - I31044-12/14	4,500.00		500.00			
2015-02-14	Payment: Cheque RI5101-02/15		10,000.00				
TOTALS		10,000.00	10,000.00	500.00	0.00	0.00	1.54
BALANCE		0		500.00		-1.54	