

BALANCE STATEMENT

PATIENT NAME: JANE THEURI WAIRIMU

PATIENT NUMBER: 5694/14

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
2014-12-31	Co-payment for invoice I31395-12/14		200.00	200.00			
2014-12-31	Consultation Not Started - I31395-12/14	1,000.00					
2014-12-31	Digital OPG X ray Not Started - I31395-12/14	2,000.00					
2014-12-31	Root Canal Treatment 21, 22 Not Started - I31395-12/14	18,000.00					
2015-03-05	Payment: EFT RI5676-03/15		20,800.00				
TOTALS		21,000.00	21,000.00	200.00	0.00	0.00	0.00
BALANCE		0		200.00		0	