

BALANCE STATEMENT

PATIENT NAME: WILLIE WAINAINA KAIGAI
PATIENT NUMBER: 2318/15
PATIENT TYPE: C.I.C - KNEC
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
2015-04-30	Consultation Partially Done - I34042-04/15	1,000.00					
2015-04-30	Gum treatment Partially Done - I34042-04/15	5,000.00					
2015-04-30	Loyalty Points						0.98
2015-05-04	Dentofit tooth paste Done			1,000.00			
2015-05-04	Digital OPG X ray Done - I34103-05/15	2,000.00					
2015-05-04	Loyalty Points						2.50
2015-07-03	Payment: EFT RI7591-07/15		2,000.00				
2015-07-03	Payment: EFT RI7644-07/15		6,000.00				
TOTALS		8,000.00	8,000.00	1,000.00	0.00	0.00	3.48
BALANCE		0		1,000.00		-3.48	