

BALANCE STATEMENT

PATIENT NAME: CAROLINE WANJIRU KIMANI

PATIENT NUMBER: 799/15

PATIENT TYPE: Cash - cash

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
2015-02-20	Amalgam Fillings 16,25 Not Started			6,000.00			
2015-02-20	Consultation Done			1,000.00			
2015-02-20	Digital OPG X ray Done			1,500.00			
2015-02-20	Extraction(Adult) 15 Done			3,000.00			
2015-02-20	Loyalty Points						0.92
2015-02-20	Payment: Cash R8943-02/15				5,500.00		
2015-02-27	Dry socket dressing Done			500.00			
2015-02-27	Loyalty Points						0.83
TOTALS		0.00	0.00	12,000.00	5,500.00	0.00	1.75
BALANCE		0		6,500.00		-1.75	