

BALANCE STATEMENT

PATIENT NAME: JAMES GICHOHI NJOROGÉ

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 559/16

House
Avenue City Centre
PATIENT TYPE: First Assurance - EQUATORIAL COMMERCIAL BANK
020 242 8104

STATION 075 D 856 920
MOBILE 075 D 856 920
16-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2016-01-19	Consultation Done - I40832-01/16	1,000.00					
2016-01-19	Digital OPG X ray Done - I40832-01/16	2,000.00					
2016-01-19	Loyalty Points						1.07
2016-01-19	Open Disimpaction 48 Partially Done - I40863-01/16	9,000.00					
2016-01-21	Loyalty Points						1.41
2016-01-21	PRESCRIPTION: P17872-01/16 Diclofenac			200.00			
2016-01-28	Loyalty Points						0.28
2016-04-11	Payment: EFT RI15539-04/16		3,000.00				
2016-04-11	Payment: EFT RI15539-04/16		9,000.00				
TOTALS		12,000.00	12,000.00	200.00	0.00	0.00	2.76
BALANCE		0		200.00		-2.76	