

BALANCE STATEMENT

PATIENT NAME: ZACHARY WANJAU KIMANI
PATIENT NUMBER: 5627/14
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
2014-12-29	Co-payment for invoice I31307-12/14		200.00	200.00			
2014-12-29	Consultation Partially Done - I31307-12/14	1,000.00					
2014-12-29	prophylaxis & fluoride therapy Partially Done - I31307-12/14	3,000.00					
2015-03-04	Payment: EFT RI5596-03/15		3,800.00				
TOTALS		4,000.00	4,000.00	200.00	0.00	0.00	0.00
BALANCE		0		200.00		0	