

BALANCE STATEMENT

PATIENT NAME: ALICE CHEPKEMOI KISUR

PATIENT NUMBER: 474/14

PATIENT TYPE: Madison Insurance - KENYA MEDICAL SUPPLIES AUTHORITY

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](mailto:creditcontrol@molars.co.ke)

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2016-01-21	Loyalty Points						5.10
2016-01-25	Amalgam Fillings 46, 45 Partially Done - I40881-01/16	3,000.00		1,000.00			
2016-01-25	Consultation Not Started - I40881-01/16	1,000.00					
2016-01-25	Digital OPG X ray Not Started - I40881-01/16	2,000.00					
2016-01-25	Gum treatment Not Started - I40881-01/16	5,000.00					
2016-02-12	Amalgam Fillings 46 Partially Done - I41456-02/16	4,000.00					
2016-02-12	Loyalty Points						0.84
2016-02-12	Loyalty Points						1.15
2016-02-22	Loyalty Points						0.90
2016-04-26	Payment: Cheque RI15897-04/16		11,000.00				
2016-04-26	Payment: Cheque RI15903-04/16		4,000.00				
TOTALS		15,000.00	15,000.00	1,000.00	0.00	0.00	7.99
BALANCE		0		1,000.00		-7.99	