

BALANCE STATEMENT

PATIENT NAME: Robert Ikoma Musyimi

PATIENT NUMBER: 5561/14

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
2014-12-23	Co-payment for invoice I31221-12/14		200.00	200.00			
2014-12-23	Consultation Done - I31221-12/14	1,000.00					
2014-12-23	Gum treatment Partially Done - I31221-12/14	5,000.00					
2014-12-23	Loyalty Points						0.54
2015-03-04	Payment: EFT RI5619-03/15		5,800.00				
TOTALS		6,000.00	6,000.00	200.00	0.00	0.00	0.54
BALANCE		0		200.00		-0.54	