

BALANCE STATEMENT

PATIENT NAME: BENSON OFISI OLUNGA

PATIENT NUMBER: 3157/14

PATIENT TYPE: Madison Insurance - KBC

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
2014-07-28	Consultation Done - I27935-07/14	1,000.00					
2014-07-28	Digital OPG X ray Done - I27935-07/14	2,000.00					
2014-07-28	Loyalty Points						0.93
2014-07-28	Root Canal Treatment 25 25 Partially Done - I27935-07/14	7,000.00					
2014-07-28	gum treatment and prophylaxis Partially Done - I27935-07/14	4,000.00					
2014-08-02	Loyalty Points						1.05
2014-08-02	Root Canal Treatment 36 Done			1,000.00			
2015-08-25	Payment: Cheque RI9686-08/15		14,000.00				
TOTALS		14,000.00	14,000.00	1,000.00	0.00	0.00	1.98
BALANCE		0		1,000.00		-1.98	