

BALANCE STATEMENT

PATIENT NAME: STEPHANIE WAIRIMU

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 9377/15
House
Avenue City Centre
PATIENT TYPE: UAP - Bank of Africa
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
2015-10-08	Co-payment for invoice I38064-10/15		200.00	200.00			
2015-10-08	Consultation Done - I38064-10/15	1,000.00					
2015-10-08	Extraction(Pedeatric) 15 55 Done - I38064-10/15	2,000.00					
2015-10-08	Gum treatment prophy Done - I38064-10/15	2,000.00					
2015-10-08	Loyalty Points						1.08
2015-10-08	PRESCRIPTION: P15251-10/15 STA 30G			2,000.00			
2015-10-08	Payment: Cash R16000-10/15				2,000.00		
2015-11-27	Payment: EFT RI12228-11/15		4,800.00				
TOTALS		5,000.00	5,000.00	2,200.00	2,000.00	0.00	1.08
BALANCE		0		200.00		-1.08	