

BALANCE STATEMENT

PATIENT NAME: ELIJAH MWAMBODZE
PATIENT NUMBER: 1000/15
PATIENT TYPE: UAP - Bank of Africa
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
2015-03-04	Co-payment for invoice I32801-03/15		200.00	200.00			
2015-03-04	Consultation Not Started - I32801-03/15	1,000.00					
2015-03-04	Digital OPG X ray Done - I32801-03/15	2,000.00					
2015-03-04	Loyalty Points						2.08
2015-03-04	Root Curratage Done - I32801-03/15	5,000.00					
2015-07-30	Payment: EFT RI8910-07/15		7,800.00				
TOTALS		8,000.00	8,000.00	200.00	0.00	0.00	2.08
BALANCE		0		200.00		-2.08	