

BALANCE STATEMENT

PATIENT NAME: LILIAN AGENG OKADA

MOLARS DENTAL  
3rd Flr Electricity  
Harambee  
Tel:

PATIENT NUMBER: 4219/16

House  
Avenue City Centre  
PATIENT TYPE: UAP - FAULU KENYA  
020 242 8104

STATION 075 D 856 920  
MOBILE 075 D 856 920  
16-08-24

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
2016-06-22	Co-payment for invoice I44835-06/16		200.00	200.00			
2016-06-22	Consultation Done - I44835-06/16	1,000.00					
2016-06-22	Digital OPG X ray Done - I44835-06/16	2,000.00					
2016-06-22	Extraction(Adult) 38 Partially Done - I44835-06/16	3,000.00					
2016-06-22	Loyalty Points						0.13
2016-06-22	Loyalty Points						1.11
2016-08-08	Payment: EFT RI18570-08/16		5,800.00				
TOTALS		6,000.00	6,000.00	200.00	0.00	0.00	1.24
BALANCE		0		200.00		-1.24	