

BALANCE STATEMENT

PATIENT NAME: ABSOLOM OMARIBA NYANGAU

PATIENT NUMBER: 2075/15

PATIENT TYPE: Cash - cash

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](mailto:creditcontrol@molars.co.ke)

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2015-04-15	Composite Fillings 41,31 Done			5,500.00			
2015-04-15	Consultation Done			1,000.00			
2015-04-15	Loyalty Points						0.94
2015-04-15	STA Done			2,000.00			
2015-04-15	Payment: VISA R10395-04/15				8,500.00		
2015-04-28	Loyalty Points						0.36
2015-05-05	Loyalty Points						0.55
2015-11-16	Loyalty Points						0.49
2016-04-19	Consultation Done			1,000.00			
2016-04-19	Gum treatment Not Started			5,000.00			
2016-04-19	Loyalty Points						0.91
TOTALS		0.00	0.00	14,500.00	8,500.00	0.00	3.25
BALANCE		0		6,000.00		-3.25	