BALANCE STATEMENT

PATIENT NAME: ESTHER WANJIRU MAINA

MOLARS DENTAL

3rd Flr Electricity

Harambee

Tel:

Avenue City Centre PATIENT TYPE: Jubilee Ins. Co. - NAIROBI BOTTLERS (NBL) 020 242 8104

STM TEMENTS DATE 92016-08-24
Email: creditcontrol@molars.co.ke

PAUSENT NUMBER: 4348/15

Email: creditcontrol@molars.co.ke							
DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	POINTS
	DESCRIPTION	DEBIT	CREDIT			DEBIT	CREDIT
2016-05-28	Loyalty Points						2.36
2016-06-04	Loyalty Points						2.02
2016-06-07	Amalgam Fillings 18 Not Started - I44179-05/16	3,500.00		500.00			
2016-06-07	Composite Fillings 25 Not Started - I44179-05/16	4,000.00					
2016-06-07	Consultation Not Started - I44179-05/16	1,000.00					
2016-06-07	Crown 22 Not Started			20,000.00			
2016-06-07	Digital OPG X ray Not Started - 144179-05/16	1,500.00					
2016-06-07	Root Canal Treatment 17, 16 Not Started - I44179-05/16	16,000.00					
2016-06-07	Root Canal Treatment 22 Not Started - I44179-05/16	9,000.00					
2016-06-11	Loyalty Points						0.46
2016-07-06	Payment: EFT RI17864-07/16		35,000.00				
TOTALS		35,000.00	35,000.00	20,500.00	0.00	0.00	4.84
BALANCE		0		20,500.00		-4.84	