

BALANCE STATEMENT

PATIENT NAME: Florence Kanari

PATIENT NUMBER: 2450/13

Centre  
PATIENT TYPE: Cash - cash

STATEMENT DATE: 2016-08-24

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

MOLARS DENTAL  
3rd Flr Electricity House  
Harambee Avenue City  
Tel: 020 242 8104  
Mobile: 0751 856  
Email:

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-08-09	Closed Disimpaction 38 Partially Done			5,000.00			
2013-08-09	Consultation Partially Done			1,000.00			
2013-08-09	Payment: Cash R35229-08/13				4,000.00		
2013-08-16	Payment: Cash R35544-08/13				1,000.00		
TOTALS		0.00	0.00	6,000.00	5,000.00	0.00	0.00
BALANCE		0		1,000.00		0	