



Balance Statement

Invoices till 06/08/2024 not paid as on 06/08/2024

DENTCARE DENTAL LAB PVT. LTD.

CNR000156 - KARTHIKA B SUJATHAN

Opening balance IN / CN : 0

| Branch | Bill Date | Bill No | Order Type | SO Number | Patient Name | Product & Units | Amount | Settled Amount | Balance Amt | Cumulative Balance |
|--------|------------|----------------|------------|--------------|----------------|--|-----------------|----------------|-------------|--------------------|
| KER | 30/07/2024 | TIKER/45189736 | SO | 24076558701 | ANJU JOJI | DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-36 | 1,388.00 | 0.00 | 1,388.00 | 1,388.00 |
| KER | 30/07/2024 | TIKER/45189934 | SO | 240757712313 | SHAJI P THOMAS | DENTCARE FLEX SEMI-RIGID PD TOOTH ADD-ON PER SINGLE TOOTH-13 | 2,415.00 | 0.00 | 2,415.00 | 3,803.00 |
| KER | 31/07/2024 | TIKER/45190179 | SO | 24076558561 | ANITHA SHAJI | DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-16,46 | 2,776.00 | 0.00 | 2,776.00 | 6,579.00 |
| KER | 31/07/2024 | TIKER/45190518 | SO | 24076558551 | PRAMOD | DENTCARE NOVA FULL METAL CROWN/BRIDGE-17,47 | 1,460.00 | 0.00 | 1,460.00 | 8,039.00 |
| | | | | | | | 8,039.00 | 0.00 | | 8,039.00 |

After Adjusting Pending Cheques, If Any : **8,039.00**

Receipts Pending Reconciliation Or Settlement : **0.00**

Net Receivable : **8,039.00**

| Trans. Date | Party's Bank | Submitted Bank | Cheque Date | Cheque No | Cheque Amount |
|-------------|--------------|----------------|-------------|-----------|---------------|
| | | | | | |
| | | | | | |

Bank Account Details

Bank Name : ICICI Bank
 Virtual Account No: **DCJKCNR000156**
 (the first 7 digits are alphabet)
 Branch : ICICI CMS
 IFSC Code : ICIC0000104

QR Code For UPI Payment*



*The Virtual Account Number and QR Code is unique for each customer. Kindly ensure to make payment only to the Virtual Account Number or QR code specified in your respective invoice or Balance statement.