



Balance Statement

Invoices till 12/05/2024 not paid as on 12/05/2024

DENTCARE DENTAL LAB PVT. LTD.

DEL001491 - GOYAL S DENTAL IMPLANT CENTRE

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 | 27/03/2024 | CN/135006701 | SO | 24032701696 | RACHNA | DENTCARE ALIGNERS PRIME 28 SPLINTS PER PACK- | -40,281.00 | -39,931.00 | -350.00 | -350.00 |
| KER | 06/05/2024 | TIKER/45054170 | SO | 24044941352 | URMILA | DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-46,36,37,38 , DENTCARE DMLS PFM IMPLANT CROWN/BRIDGE (DIRECT DEL.)-46,36,37,38 , DENTCARE COCR UCLA ABUTMENT CASTING PER UNIT-46,36,37,38 | 8,745.00 | 0.00 | 8,745.00 | 8,395.00 |
| KER | 07/05/2024 | TIKER/45056141 | SO | 24054576326 | TANU | DENTCARE NOVA PFM IMPLANT CROWN/BRIDGE (METAL TRIAL)-25,26,34,35,36,37 | 8,936.00 | 0.00 | 8,936.00 | 17,331.00 |
| KER | 09/05/2024 | TIKER/45058416 | SO | 24055095211 | SEEMA RAVI | DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-14,26 | 2,822.00 | 0.00 | 2,822.00 | 20,153.00 |
| | | | | | | | -19,778.00 | -39,931.00 | | 20,153.00 |

After Adjusting Pending Cheques, If Any : **20,153.00**

Receipts Pending Reconciliation Or Settlement : **202,883.00**

Net Receivable : **-182,730.00**

| Trans. Date | Party's Bank | Submitted Bank | Cheque Date | Cheque No | Cheque Amount |
|-------------|--------------|----------------|-------------|-----------|---------------|
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Bank Account Details
 Bank Name : ICICI Bank
 Virtual Account No: **DCJKDEL001491**
 (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.