



# Balance Statement

Invoices till 27/07/2024 not paid as on 27/07/2024

## DENTCARE DENTAL LAB PVT. LTD.

MUM000879 - SMITHA PALIWAL

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	12/02/2024	TI/35327443	SO	23112343242	KAHAN GOYAL	DENTCARE ALIGNERS PLANNING AND DESIGNING (CLEAR ALIGNER) PER CASE-	2,500.00	0.00	2,500.00	2,500.00
KER	05/04/2024	TIKER/45008382	SO	240223432453	KAHAN GOYAL	DENTCARE ALIGNERS PRIME 26 SPLINTS PER PACK-	11,489.00	0.00	11,489.00	13,989.00
KER	04/07/2024	TIKER/45146497	SO	24076067981	REENA MEHTA	DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-16	1,568.00	0.00	1,568.00	15,557.00
KER	04/07/2024	TIKER/45147006	SO	24076100012	KALPANA DOCTOR	DENTCARE ACRYLIC LIGHT CURE SPECIAL TRAY PER JAW-31	387.00	0.00	387.00	15,944.00
KER	17/07/2024	TIKER/45167264	SO	24076100016	KALPANA DOCTOR	DENTCARE NOVA PLUS UNILATERAL MATRIX FOR SINGLE TOOTH REPLACEMENT-36 , DENTCARE NOVA PLUS UNILATERAL MATRIX FOR EACH ADDITIONAL TOOTH-36	2,996.00	0.00	2,996.00	18,940.00
KER	18/07/2024	TIKER/45170029	SO	24076342161	SHARVEE PITKAR	DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-46	1,568.00	0.00	1,568.00	20,508.00
							<b>20,508.00</b>	<b>0.00</b>		<b>20,508.00</b>

After Adjusting Pending Cheques, If Any : **20,508.00**  
 Receipts Pending Reconciliation Or Settlement : **0.00**  
 Net Receivable : **20,508.00**

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

**Bank Account Details**  
 Bank Name : ICICI Bank  
 Virtual Account No: **DCJKMUM000879**  
 (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.