General Bill - Cash

Bill No	:	**OP46035**	HR No	:	**25140**
Bill Date	:	**10-08-2026 03:48:59 PM**	Age/Sex	:	**25Y 9M / Female**
Patient Name	:	**Mrs. N.VASANTHI**			

Description	Amount
Dr. Elancheralathan	
1. Consultation Fees	**850.00**
Bill Amount	**850.00**

Received Amount	:	**Rs. 850.00**
Received Amount in Words	:	**Eight hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

This is a system-generated bill. Therefore, no seal or signature is required.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.