Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47167**	HR No	:	**20421**
Bill Date	:	**08-09-2026 02:49:40 PM**	Age/Sex	:	**26Y 9M / Female**
Patient Name	:	**Ms. PRIYANKA.K.A**			

Description	Amount
Dr. Veena V C	
1. USG TRANSVEGINAL STUDY (TVS)	**2,500.00**
Total	**2,500.00**
Discount	**500.00**
Bill Amount	**2,000.00**

Received Amount	:	**Rs. 2000.00**
Received Amount in Words	:	**Two thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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