

## General Bill - Cash

|              |                                 |         |                          |
|--------------|---------------------------------|---------|--------------------------|
| Bill No      | : <b>OP46413</b>                | HR No   | : <b>25255</b>           |
| Bill Date    | : <b>20-08-2026 03:38:55 PM</b> | Age/Sex | : <b>60Y 8M / Female</b> |
| Patient Name | : <b>Mrs. NAVANEETHAM</b>       |         |                          |

| Description             | Amount          |
|-------------------------|-----------------|
| <b>Dr. Sarita Vinod</b> |                 |
| 1. Consultation Fees    | <b>1,000.00</b> |
| 1. Registration Charges | <b>100.00</b>   |
| <b>Bill Amount</b>      | <b>1,100.00</b> |

|                          |   |                                      |
|--------------------------|---|--------------------------------------|
| Received Amount          | : | <b>Rs. 1100.00</b>                   |
| Received Amount in Words | : | <b>One thousand one hundred only</b> |
| Balance Amount           | : | <b>Rs. 0.00</b>                      |
| Mode of Payment          | : | <b>Cash</b>                          |
| Bill Location            | : | <b>Vinita Hospital, Nungambakkam</b> |

**Jayarajan M**  
Authorized Signatories

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