Vinita HOSPITAL
NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47565**	HR No	:	**25871**
Bill Date	:	**21-09-2026 06:02:56 PM**	Age/Sex	:	**73Y 8M / Female**
Patient Name	:	**Mrs. RANIAMMAL**			

Description	Amount
Dr. Anand K R	
1. X-RAY CHEST PA	**700.00**
2. Consultation Fees	**1,500.00**
1. Registration Charges	**100.00**
Bill Amount	**2,300.00**

Received Amount	:	**Rs. 2300.00**
Received Amount in Words	:	**Two thousand three hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
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.