

## General Bill - Cash

Bill No : **OP46240** HR No : **25241**  
Bill Date : **15-08-2026 07:24:10 PM** Age/Sex : **63Y 7M / Male**  
Patient Name : **Mr. SHRIRANG**

| Description                     | Amount        |
|---------------------------------|---------------|
| <b>Dr. Balaji Venkatachalam</b> |               |
| 1. Consultation Fees            | <b>500.00</b> |
| <b>Bill Amount</b>              | <b>500.00</b> |

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.