

General Bill - Cash

Bill No : **OP46339** HR No : **25241**
Bill Date : **19-08-2026 09:21:23 AM** Age/Sex : **63Y 7M / Male**
Patient Name : **Mr. SHRIRANG**

Description	Amount
Dr. Niveanthini Thangaraj	
1. Consultation Fees	1,000.00
Bill Amount	1,000.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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