

## General Bill - Cash

Bill No : **OP47820** HR No : **15278**  
Bill Date : **29-09-2026 01:44:03 PM** Age/Sex : **67Y 9M / Male**  
Patient Name : **Mr. B.KOTHANDA RAO**

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