

General Bill - Cash

Bill No : **OP47532** HR No : **22175**
Bill Date : **21-09-2026 11:20:26 AM** Age/Sex : **49Y 8M / Male**
Patient Name : **Mr. ARVIND GUNASEKARAN**

Description	Amount
Dr. Roshini S	
1. Consultation Fees	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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