General Bill - Cash

Bill No	:	**OP47157**	HR No	:	**25680**
Bill Date	:	**08-09-2026 10:05:51 AM**	Age/Sex	:	**43Y 9M / Female**
Patient Name	:	**Ms. JEEVAMALAR R**			

Description	Amount
Dr. Venkateshwara Mahadevan	
1. Consultation Fees	**800.00**
1. Registration Charges	**100.00**
Bill Amount	**900.00**

Received Amount	:	**Rs. 900.00**
Received Amount in Words	:	**Nine 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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