General Bill - Cash

Bill No	:	**OP47637**	HR No	:	**25909**
Bill Date	:	**23-09-2026 01:46:59 AM**	Age/Sex	:	**21Y / Female**
Patient Name	:	**Mrs. INDHUJA**			

Description	Amount
Dr. Balaviknesh C	
1. Consultation Fees	**600.00**
1. Registration Charges	**100.00**
Bill Amount	**700.00**

Received Amount	:	**Rs. 700.00**
Received Amount in Words	:	**Seven hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
A unit of Vijay Ganga Speciality Care Pvt. Ltd.