

General Bill - Cash

Bill No : **OP46956** HR No : **25619**
Bill Date : **01-09-2026 08:42:01 PM** Age/Sex : **77Y / Female**
Patient Name : **Mrs. KAMALA DEVI**

Description	Amount
Dr. Murali Narasimhan	
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 : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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