

## General Bill - Cash

Bill No : **OP46919** HR No : **21320**  
Bill Date : **01-09-2026 12:24:58 PM** Age/Sex : **23Y 11M / Female**  
Patient Name : **Miss. LAIBA**

| Description             | Amount          |
|-------------------------|-----------------|
| <b>Dr. Sarita Vinod</b> |                 |
| 1. HBsAg - eCLIA        | <b>1,200.00</b> |
| 2. Anti HCV - eCLIA     | <b>1,200.00</b> |
| 3. HIV Combi PT - eCLIA | <b>1,200.00</b> |
|                         |                 |
| <b>Bill Amount</b>      | <b>3,600.00</b> |

Mode of Payment : **Cash**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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