

General Bill - Cash

Bill No : **OP47179** HR No : **24941**
Bill Date : **08-09-2026 05:56:56 PM** Age/Sex : **32Y 3M / Female**
Patient Name : **Mrs. MUKILA PRIYA**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	500.00
2. Sugar Check	100.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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