

General Bill - Cash

Bill No : **OP47092** HR No : **25664**
Bill Date : **05-09-2026 07:17:05 PM** Age/Sex : **55Y 5M / Female**
Patient Name : **Mrs. REVATHI N.V.**

Description	Amount
1. Registration Charges	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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