General Bill - Cash

Bill No	:	**OP46665**	HR No	:	**25428**
Bill Date	:	**28-08-2026 02:33:07 PM**	Age/Sex	:	**40Y / Male**
Patient Name	:	**Mr. SANKAR**			

Description	Amount
Dr. Sarita Vinod	
1. O2 Concentrator 5Ltr	**20,000.00**
Bill Amount	**20,000.00**

Received Amount	:	**Rs. 20000.00**
Received Amount in Words	:	**Twenty thousand 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.

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