General Bill - Cash

Bill No	:	**OP47222**	HR No	:	**25726**
Bill Date	:	**09-09-2026 06:12:16 PM**	Age/Sex	:	**18Y / Female**
Patient Name	:	**Miss. SHAMEEKSHA**			

Description	Amount
Dr. Janani P	
1. Consultation Fees	**600.00**
1. Registration Charges	**100.00**
Bill Amount	**700.00**

Received Amount	:	**Rs. 700.00**
Received Amount in Words	:	**Seven hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.