

## General Bill - Cash

Bill No : **OP46961** HR No : **25615**  
Bill Date : **02-09-2026 08:29:00 AM** Age/Sex : **50Y 4M / Female**  
Patient Name : **Mrs. SUMAN C**

| Description                     | Amount          |
|---------------------------------|-----------------|
| <b>Dr. Krishna Kumaran A</b>    |                 |
| 1. Diwali - Master Health Check | <b>4,999.00</b> |
| <b>Total</b>                    | <b>4,999.00</b> |
| <b>Discount</b>                 | <b>2,499.00</b> |
| <b>Bill Amount</b>              | <b>2,500.00</b> |

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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