Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47616**	HR No	:	**25903**
Bill Date	:	**22-09-2026 04:53:47 PM**	Age/Sex	:	**65Y / Male**
Patient Name	:	**Mr. Y.MEERA REDDY**			

Description	Amount
Dr. Sarita Vinod	
1. CT SCAN CHEST PLAIN	**5,000.00**
2. DEXA TOTAL BODY	**4,000.00**
1. Registration Charges	**100.00**
Bill Amount	**9,100.00**

Received Amount	:	**Rs. 9100.00**
Received Amount in Words	:	**Nine thousand one hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.