

General Bill - Cash

Bill No : **OP47016** HR No : **25639**
Bill Date : **03-09-2026 05:56:24 PM** Age/Sex : **76Y / Female**
Patient Name : **Mrs. T.N.KALA**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	500.00
1. Registration Charges	100.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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