

General Bill - Cash

Bill No : **OP47085** HR No : **19973**
Bill Date : **05-09-2026 06:09:08 PM** Age/Sex : **78Y 4M / Female**
Patient Name : **Mrs. KALYANI.R**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
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**

Jeevitha P
Authorized Signatories

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