General Bill - Cash

Bill No	:	**OP47080**	HR No	:	**25172**
Bill Date	:	**05-09-2026 03:21:41 PM**	Age/Sex	:	**79Y 1M / Male**
Patient Name	:	**Mr. RANGANATHAN**			

Description	Amount
Dr. Roshini S	
1. Consultation Fees	**800.00**
Dr. Bhargavi R	
1. Consultation Fees	**700.00**
Bill Amount	**1,500.00**

Received Amount	:	**Rs. 1500.00**
Received Amount in Words	:	**One thousand five 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.