General Bill - Cash

Bill No	:	**OP46720**	HR No	:	**25455**
Bill Date	:	**30-08-2026 08:16:40 AM**	Age/Sex	:	**52Y / Female**
Patient Name	:	**Mrs. PAPA**			

Description	Amount
Dr. Sarita Vinod	
1. Police Camp Package - H	**1.00**
Total	**1.00**
Discount	**0.99**
Bill Amount	**0.01**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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