

General Bill - Cash

Bill No : **OP46583** HR No : **25386**
Bill Date : **25-08-2026 06:04:16 PM** Age/Sex : **64Y 10M / Male**
Patient Name : **Mr. R.RAMALINGAM**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	600.00
1. Registration Charges	100.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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