Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47240**	HR No	:	**5482**
Bill Date	:	**10-09-2026 05:09:49 PM**	Age/Sex	:	**32Y 2M / Male**
Patient Name	:	**Mr. Y. DEDEEP KUMAR**			

Description	Amount
Dr. Faheem	
1. Exercise Therapy	**500.00**
Total	**500.00**
Discount	**250.00**
Bill Amount	**250.00**

Received Amount	:	**Rs. 250.00**
Received Amount in Words	:	**Two hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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