

## General Bill - Cash

Bill No : **OP46736**      HR No : **25473**  
Bill Date : **30-08-2026 08:30:28 AM**      Age/Sex : **35Y 11M / Male**  
Patient Name : **Mr. KRISHNA KUMAR**

| Description                | Amount      |
|----------------------------|-------------|
| <b>Dr. Sarita Vinod</b>    |             |
| 1. Police Camp Package - N | <b>1.00</b> |
| <b>Total</b>               | <b>1.00</b> |
| <b>Discount</b>            | <b>0.99</b> |
| <b>Bill Amount</b>         | <b>0.01</b> |

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.