Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP47174**	HR No	:	**23149**
Bill Date	:	**08-09-2026 05:03:15 PM**	Age/Sex	:	**45Y 6M / Male**
Patient Name	:	**Mr. FAKHIR MOHIDEEN**			

Description	Amount
Dr. Sarita Vinod	
1. Consultation Fees	**1,000.00**
Bill Amount	**1,000.00**

Received Amount	:	**Rs. 1000.00**
Received Amount in Words	:	**One thousand 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.