

General Bill - Cash

Bill No : **OP46660** HR No : **25405**
 Bill Date : **28-08-2026 10:05:09 AM** Age/Sex : **29Y 11M / Female**
 Patient Name : **Mrs. ALMAS M.**

Description	Amount
Dr. Krishna Kumaran A	
1. Diwali - Master Health Check	4,999.00
Total	4,999.00
Discount	2,499.00
Bill Amount	2,500.00

Received Amount : **Rs. 2500.00**
 Received Amount in Words : **Two thousand five hundred only**
 Balance Amount : **Rs. 0.00**
 Mode of Payment : **E-Payment**
 Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
 Authorized Signatories

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