General Bill - Cash

Bill No	:	**OP47032**	HR No	:	**1577**
Bill Date	:	**04-09-2026 08:51:41 AM**	Age/Sex	:	**74Y 7M / Male**
Patient Name	:	**Mr. RAJARATNAM S.**			

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	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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

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