# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP46478** | HR No | : | **24919** |
| Bill Date | : | **22-08-2026 09:47:33 AM** | Age/Sex | : | **58Y 3M / Male** |
| Patient Name | : | **Mr. C.GANESAN** | | | |

| Description | Amount |
|---|---|
| **Dr. Sarita Vinod** | |
| 1. Foot Test | **2,500.00** |
| | |
| **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** |

**Hemalatha E**
Authorized Signatories

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

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**A unit of Vijay Ganga Speciality Care Pvt. Ltd.**