# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP47361** | HR No | : | **25764** |
| Bill Date | : | **15-09-2026 11:31:19 AM** | Age/Sex | : | **52Y / Male** |
| Patient Name | : | **Mr. KANNAN** | | | |

| Description | Amount |
|---|---|
| **Dr. Chokkalingam B** | |
| 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 | : | **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.**