

## General Bill - Cash

Bill No : **OP46669** HR No : **25431**  
Bill Date : **28-08-2026 04:45:01 PM** Age/Sex : **76Y 8M / Male**  
Patient Name : **Mr. SRINIVASAN R**

| Description             | Amount        |
|-------------------------|---------------|
| 1. Registration Charges | 100.00        |
| 2. Registration Charges | 100.00        |
| <b>Bill Amount</b>      | <b>200.00</b> |

Received Amount : **Rs. 640.00**  
Received Amount in Words : **Six hundred and fourty only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment :  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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