

General Bill - Cash

Bill No : **OP47308** HR No : **25765**
Bill Date : **12-09-2026 10:09:57 AM** Age/Sex : **70Y / Female**
Patient Name : **Mrs. GRACE SINGH**

Description	Amount
Bill Amount	0.00

Received Amount : **Rs. 9999.00**
Received Amount in Words : **Nine thousand nine hundred and ninety-nine 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.