General Bill - Cash

Bill No	:	**OP46693**	HR No	:	**25416**
Bill Date	:	**29-08-2026 01:13:21 PM**	Age/Sex	:	**54Y 8M / Male**
Patient Name	:	**Mr. RAJAGOPAL SRINIVASAN**			

Description	Amount
Dr. Roshini S	
1. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,100.00**

Received Amount	:	**Rs. 1100.00**
Received Amount in Words	:	**One thousand one 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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