

### General Bill - Cash

Bill No : **OP47756** HR No : **17527**  
Bill Date : **26-09-2026 02:45:37 PM** Age/Sex : **50Y 5M / Female**  
Patient Name : **Mrs. CHITRA R**

| Description                      | Amount        |
|----------------------------------|---------------|
| <b>Dr. Niveanthini Thangaraj</b> |               |
| 1. Consultation Fees             | <b>800.00</b> |
| <b>Bill Amount</b>               | <b>800.00</b> |

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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