

General Bill - Cash

Bill No : **OP47358** HR No : **25793**
Bill Date : **15-09-2026 10:31:16 AM** Age/Sex : **25Y / Female**
Patient Name : **Miss. DIVYAA**

Description	Amount
Dr. Usha Reddy	
1. Registration Charges	100.00
Bill Amount	100.00

Received Amount : **Rs. 100.00**
Received Amount in Words : **One hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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