

General Bill - Cash

Bill No : **OP47345** HR No : **15464**
Bill Date : **14-09-2026 03:11:44 PM** Age/Sex : **78Y 8M / Male**
Patient Name : **Mr. NARESH PRASAD AGARWAL**

Description	Amount
Dr. Elancheralathan	
1. Consultation Fees	850.00
Bill Amount	850.00

Received Amount : **Rs. 850.00**
Received Amount in Words : **Eight hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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