

General Bill - Cash

Bill No : **OP47001** HR No : **15464**
Bill Date : **03-09-2026 02:23:18 PM** Age/Sex : **78Y 8M / Male**
Patient Name : **Mr. NARESH PRASAD AGARWAL**

Description	Amount
Dr. Rathivika S Sundar	
1. Consultation Fees	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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