

General Bill - Cash

Bill No : **OP46117** HR No : **25200**
Bill Date : **12-08-2026 06:26:16 PM** Age/Sex : **58Y 5M / Male**
Patient Name : **Mr. R.PRABHAKAR JACOB**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
1. Registration Charges	100.00
Bill Amount	800.00

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

Tharakavi S
Authorized Signatories

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