

General Bill - Cash

Bill No : **OP47289** HR No : **24879**
Bill Date : **11-09-2026 07:57:25 PM** Age/Sex : **44Y 2M / Female**
Patient Name : **Mrs. KATHIRSELVI K**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five hundred 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.