Receipt

HR No	:	**16350**	Receipt No	:	**048867**
Patient Name	:	**Mr. MADAN CHAND M**	Receipt Date	:	**09-09-2026 | 07:56:09 pm**
Age	:	**61Y 2M / Male**			

Received **Rs.Three Thousand Five Hundred And Ninety-nine (3599)**__ only from **Mr./ Ms.** MADAN CHAND M / ATTENDER__on the account of / for the purpose of **AFTER INSURANCE IP FINAL BILL PAYMENT**__ in the mode of **Cash**__ with thanks.

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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