General Bill - Cash

Bill No	:	**OP47680**	HR No	:	**25902**
Bill Date	:	**23-09-2026 08:11:51 PM**	Age/Sex	:	**40Y 8M / Male**
Patient Name	:	**Mr. VAIRALINGAM C.**			

Description	Amount
Dr. Suresh P	
1. Consultation Fees	**400.00**
Bill Amount	**400.00**

Received Amount	:	**Rs. 400.00**
Received Amount in Words	:	**Four hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**E-Payment**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.