

## General Bill - Cash

|              |                                 |         |                          |
|--------------|---------------------------------|---------|--------------------------|
| Bill No      | : <b>OP46697</b>                | HR No   | : <b>529</b>             |
| Bill Date    | : <b>29-08-2026 02:37:12 PM</b> | Age/Sex | : <b>71Y 5M / Female</b> |
| Patient Name | : <b>Ms. Gomathi V. K.</b>      |         |                          |

| Description                    | Amount        |
|--------------------------------|---------------|
| <b><u>Dr. Ilavarasan S</u></b> |               |
| <b><u>Dr. Faheem</u></b>       |               |
| 1. Exercise Therapy            | <b>500.00</b> |
| <b>Total</b>                   | <b>500.00</b> |
| <b>Discount</b>                | <b>100.00</b> |
| <b>Bill Amount</b>             | <b>400.00</b> |

|                 |                                        |
|-----------------|----------------------------------------|
| Mode of Payment | : <b>E-Payment</b>                     |
| Bill Location   | : <b>Vinita Hospital, Nungambakkam</b> |

**Jeevitha P**  
Authorized Signatories

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