

General Bill - Cash

Bill No : **OP47430** HR No : **25795**
Bill Date : **17-09-2026 11:52:59 AM** Age/Sex : **64Y / Female**
Patient Name : **Ms. USHA R**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,500.00
Bill Amount	1,500.00

Received Amount : **Rs. 1500.00**
Received Amount in Words : **One thousand five 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.