

General Bill - Cash

Bill No : **OP45917** HR No : **25098**
Bill Date : **05-08-2026 06:13:04 PM** Age/Sex : **78Y / Male**
Patient Name : **Mr. VIDYA SHANKAR**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	500.00
1. Registration Charges	100.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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