

General Bill - Cash

Bill No : **OP47317** HR No : **25345**
Bill Date : **12-09-2026 12:25:09 PM** Age/Sex : **59Y 3M / Male**
Patient Name : **Mr. MOORTHY**

Description	Amount
Dr. Bhargavi R	
1. Consultation Fees	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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