

General Bill - Cash

Bill No : **OP46446** HR No : **25320**
Bill Date : **21-08-2026 11:29:00 AM** Age/Sex : **48Y 11M / Female**
Patient Name : **Ms. K.SUMATHI**

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,100.00

Received Amount : **Rs. 1100.00**
Received Amount in Words : **One thousand one hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Hemalatha E
Authorized Signatories

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