General Bill - Cash

Bill No	:	**OP47518**	HR No	:	**22741**
Bill Date	:	**19-09-2026 09:09:46 PM**	Age/Sex	:	**44Y 7M / Male**
Patient Name	:	**Mr. GG HOSPITAL**			

Description	Amount
Dr. Sarita Vinod	
1. Ambulance 10 Kms + 10 Kms	**3,000.00**
Bill Amount	**3,000.00**

Received Amount	:	**Rs. 3000.00**
Received Amount in Words	:	**Three thousand only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.