General Bill - Cash

Bill No	:	**OP47200**	HR No	:	**25335**
Bill Date	:	**09-09-2026 12:34:14 PM**	Age/Sex	:	**70Y 1M / Female**
Patient Name	:	**Mrs. RAHAMATH BI**			

Description	Amount
Dr. Chokkalingam B	
1. Consultation Fees	**2,000.00**
Bill Amount	**2,000.00**

Received Amount	:	**Rs. 2000.00**
Received Amount in Words	:	**Two thousand 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.

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