

## General Bill - Cash

Bill No : **OP46995** HR No : **13947**  
Bill Date : **03-09-2026 12:42:13 PM** Age/Sex : **69Y 5M / Male**  
Patient Name : **Mr. SELVA MANI**

| Description             | Amount          |
|-------------------------|-----------------|
| <b>Dr. Sarita Vinod</b> |                 |
| 1. Consultation Fees    | <b>1,000.00</b> |
| <b>Bill Amount</b>      | <b>1,000.00</b> |

Received Amount : **Rs. 1000.00**  
Received Amount in Words : **One thousand 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.