

General Bill - Cash

Bill No : **OP47309** HR No : **14075**
Bill Date : **12-09-2026 10:41:56 AM** Age/Sex : **19Y 11M / Female**
Patient Name : **Ms. DEEPIKA.K**

Description	Amount
Dr. Sanchaya Selvaraj	
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 : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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