

## General Bill - Cash

Bill No : **OP43772** HR No : **3693**  
Bill Date : **04-06-2026 04:17:40 PM** Age/Sex : **42Y 8M / Female**  
Patient Name : **Mrs. AMARAVATHI**

Description	Amount
<b>Dr. Elancheralathan</b>	
1. Consultation Fees	<b>850.00</b>
<b>Bill Amount</b>	<b>850.00</b>

Received Amount : **Rs. 850.00**  
Received Amount in Words : **Eight hundred and fifty 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.