

General Bill - Cash

Bill No : **OP43777** HR No : **24225**
Bill Date : **04-06-2026 06:39:29 PM** Age/Sex : **17Y 7M / Female**
Patient Name : **Miss. D. MAANCHALINI**

Description	Amount
Janani Nagesh N	
1. Consultation Fees	1,200.00
1. Registration Charges	100.00
Bill Amount	1,300.00

Received Amount : **Rs. 1300.00**
Received Amount in Words : **One thousand three 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.