

General Bill - Cash

Bill No : **OP43735** HR No : **20739**
Bill Date : **02-06-2026 05:21:35 PM** Age/Sex : **60Y 10M / Female**
Patient Name : **Ms. RANI V**

Description	Amount
Dr. Sarita Vinod	
1. Ambulance 0 KM to 3KMS	800.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred 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.