

## General Bill - Cash

Bill No : **OP43762** HR No : **24224**  
Bill Date : **03-06-2026 07:25:38 PM** Age/Sex : **55Y 2M / Female**  
Patient Name : **Mrs. M. LEENA**

Description	Amount
<b>Dr. Praveen Balachandran</b>	
1. Consultation Fees	<b>1,000.00</b>
1. Registration Charges	<b>100.00</b>
<b>Bill Amount</b>	<b>1,100.00</b>

Received Amount : **Rs. 1100.00**  
Received Amount in Words : **One thousand one 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.