

## General Bill - Cash

Bill No : **OP43705** HR No : **31**  
Bill Date : **01-06-2026 05:14:58 PM** Age/Sex : **75Y 6M / Male**  
Patient Name : **Mr. Chandrasekhar**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. Consultation Fees	<b>1,000.00</b>
<b>Bill Amount</b>	<b>1,000.00</b>

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Sivaranjani P**  
Authorized Signatories

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