

## General Bill - Cash

Bill No : **OP43689** HR No : **247**  
Bill Date : **01-06-2026 08:52:32 AM** Age/Sex : **54Y 5M / Male**  
Patient Name : **Mr. Vishvanathan**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. Electrolytes	<b>540.00</b>
<b>Bill Amount</b>	<b>540.00</b>

Received Amount : **Rs. 540.00**  
Received Amount in Words : **Five hundred and forty 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.