

General Bill - Cash

Bill No : **OP43774** HR No : **10179**
Bill Date : **04-06-2026 05:16:51 PM** Age/Sex : **73Y 1M / Female**
Patient Name : **Mrs. MUKTHARUNNISA K**

Description	Amount
Dr. Sarita Vinod	
1. Ambulance 0 KM to 5KMS	1,500.00
Bill Amount	1,500.00

Received Amount : **Rs. 1500.00**
Received Amount in Words : **One thousand five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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