

General Bill - Cash

Bill No : **OP43779** HR No : **22741**
Bill Date : **04-06-2026 09:51:04 PM** Age/Sex : **44Y 4M / Male**
Patient Name : **Mr. GG HOSPITAL**

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

Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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