

## General Bill - Cash

Bill No : **OP43761** HR No : **19249**  
Bill Date : **03-06-2026 06:43:09 PM** Age/Sex : **24Y 5M / Female**  
Patient Name : **Miss. barinia**

Description	Amount
<b>Dr. Sreenivas UM</b>	
1. Consultation Fees	<b>800.00</b>
<b>Bill Amount</b>	<b>800.00</b>

Received Amount : **Rs. 800.00**  
Received Amount in Words : **Eight hundred 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.