

General Bill - Cash

Bill No : **OP44325** HR No : **20202**
Bill Date : **25-06-2026 07:02:15 PM** Age/Sex : **29Y 8M / Female**
Patient Name : **Miss. A. FATHIMA JUVERIYA**

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	1,200.00
Bill Amount	1,200.00

Received Amount : **Rs. 1200.00**
Received Amount in Words : **One thousand two hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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