General Bill - Cash

Bill No	:	**OP49079**	HR No	:	**25610**
Bill Date	:	**14-11-2026 12:02:03 PM**	Age/Sex	:	**35Y 6M / Female**
Patient Name	:	**Mrs. JEYA JOTHI**			

Description	Amount
Dr. Soneya P	
1. Consultation Fees	**500.00**
Bill Amount	**500.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Chandrakala M
Authorized Signatories

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

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