

## General Bill - Cash

Bill No : **OP43659** HR No : **21768**  
Bill Date : **29-05-2026 08:41:46 PM** Age/Sex : **56Y 6M / Female**  
Patient Name : **Mrs. AFTAB PARVEEN**

Description	Amount
<b>Dr. Pradeep Selvaraj</b>	
1. Consultation Fees	<b>1,000.00</b>
<b>Bill Amount</b>	<b>1,000.00</b>

Received Amount : **Rs. 1000.00**  
Received Amount in Words : **One thousand 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.