General Bill - Cash

Bill No	:	**OP44857**	HR No	:	**20421**
Bill Date	:	**10-07-2026 06:36:03 PM**	Age/Sex	:	**26Y 7M / Female**
Patient Name	:	**Ms. PRIYANKA.K.A**			

Description	Amount
Dr. Veena V C	
1. Consultation Fees	**1,200.00**
2. Procedure Charges	**1,000.00**
Bill Amount	**2,200.00**

Received Amount	:	**Rs. 2200.00**
Received Amount in Words	:	**Two thousand two hundred 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.