# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP44587** | HR No | : | **24587** |
| Bill Date | : | **03-07-2026 03:05:48 PM** | Age/Sex | : | **19Y 10M / Female** |
| Patient Name | : | **Ms. AARTHI S** | | | |

| Description | Amount |
|---|---|
| **Dr. Veena V C** | |
| 1. Consultation Fees | **800.00** |
| | |
| 1. Registration Charges | **100.00** |
| **Bill Amount** | **900.00** |

Mode of Payment : **E-Payment**

Bill Location : **Vinita Hospital, Nungambakkam**

**Sivaranjani 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.**