# General Bill - Cash

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|---|---|---|---|---|---|
| Bill No | : | **OP45569** | HR No | : | **19800** |
| Bill Date | : | **28-07-2026 02:23:01 PM** | Age/Sex | : | **60Y 4M / Male** |
| Patient Name | : | **Mr. P.V.SABARIDAS** | | | |

| Description | Amount |
|---|---|
| **Aadhya D** | |
| 1. Consultation Fees | **750.00** |
| | |
| **Bill Amount** | **750.00** |

| | | |
|---|---|---|
| Received Amount | : | **Rs. 750.00** |
| Received Amount in Words | : | **Seven hundred and fifty only** |
| Balance Amount | : | **Rs. 0.00** |
| Mode of Payment | : | **E-Payment** |
| Bill Location | : | **Vinita Hospital, Nungambakkam** |

**Jeevitha P**
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
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**A unit of Vijay Ganga Speciality Care Pvt. Ltd.**