General Bill - Cash

Bill No	:	**OP44387**	HR No	:	**24502**
Bill Date	:	**27-06-2026 04:32:04 PM**	Age/Sex	:	**25Y / Female**
Patient Name	:	**Ms. DISHA**			

Description	Amount
Ms. Priya	
1. Consultation Fees	**2,100.00**
1. Registration Charges	**100.00**
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	:	**Cash**
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.