

General Bill - Cash

Bill No : **OP45189** HR No : **24373**
Bill Date : **18-07-2026 08:00:12 PM** Age/Sex : **66Y 3M / Male**
Patient Name : **Mr. RAM J**

Description	Amount
Dr. Murali Narasimhan	
1. Consultation Fees	850.00
Bill Amount	850.00

Received Amount : **Rs. 850.00**
Received Amount in Words : **Eight hundred and fifty only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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