

General Bill - Cash

Bill No : **OP45346** HR No : **24489**
Bill Date : **22-07-2026 05:16:39 PM** Age/Sex : **51Y 9M / Female**
Patient Name : **Ms. RAMJAN BEEVI**

Description	Amount
Dr. Usha Reddy	
1. Consultation Fees	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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