General Bill - Cash

Bill No	:	**OP44219**	HR No	:	**24446**
Bill Date	:	**22-06-2026 07:52:49 PM**	Age/Sex	:	**78Y / Male**
Patient Name	:	**Mr. VASUDEVAN**			

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	**400.00**
1. Registration Charges	**100.00**
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.

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