General Bill - Cash

Bill No	:	**OP45631**	HR No	:	**6359**
Bill Date	:	**29-07-2026 06:36:58 PM**	Age/Sex	:	**26Y 6M / Female**
Patient Name	:	**Ms. RIXLIN KINCY**			

Description	Amount
Dr. Sarita Vinod	
1. Pre Employment Health Check - Existing Employee	**1.00**
Bill Amount	**1.00**

Received Amount	:	**Rs. 1.00**
Received Amount in Words	:	**One 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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