General Bill - Cash

Bill No	:	**OP44369**	HR No	:	**10430**
Bill Date	:	**27-06-2026 12:59:19 PM**	Age/Sex	:	**37Y 6M / Female**
Patient Name	:	**Ms. R. ABINAYA**			

Description	Amount
Dr. Padmavati	
1. Consultation Fees	**1,250.00**
Bill Amount	**1,250.00**

Received Amount	:	**Rs. 1250.00**
Received Amount in Words	:	**One thousand two hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
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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A unit of Vijay Ganga Speciality Care Pvt. Ltd.