

General Bill - Cash

Bill No : **OP43666** HR No : **10547**
Bill Date : **30-05-2026 11:23:32 AM** Age/Sex : **30Y 1M / Female**
Patient Name : **Ms. ABHINAYA S.**

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 : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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