General Bill - Cash

Bill No	:	**OP44922**	HR No	:	**24721**
Bill Date	:	**11-07-2026 06:37:45 PM**	Age/Sex	:	**64Y / Female**
Patient Name	:	**Mrs. S. AMIRATHAVALLI**			

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	**500.00**
1. Registration Charges	**100.00**
Bill Amount	**600.00**

Received Amount	:	**Rs. 600.00**
Received Amount in Words	:	**Six hundred 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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