

## General Bill - Cash

Bill No : **OP44773** HR No : **24668**  
Bill Date : **08-07-2026 06:01:13 PM** Age/Sex : **75Y 4M / Female**  
Patient Name : **Mrs. LAKSHMI BALARAMAN**

| Description                     | Amount        |
|---------------------------------|---------------|
| <b>Dr. Balaji Venkatachalam</b> |               |
| 1. Consultation Fees            | <b>600.00</b> |
| 1. Registration Charges         | <b>100.00</b> |
| <b>Bill Amount</b>              | <b>700.00</b> |

Received Amount : **Rs. 700.00**  
Received Amount in Words : **Seven 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.