Receipt

HR No	:	**24196**	Receipt No	:	**046755**
Patient Name	:	**Mrs. VALLI D**	Receipt Date	:	**01-06-2026 | 05:15:53 pm**
Age	:	**50Y 9M / Female**			

Received **Rs.Fouteen Thousand Fourty-nine (14049)** only from **Mr./ Ms.** VALLI D / ATTENDER on the account of / for the purpose of **IP FINAL BILL** in the mode of **E-Payment - 364971** with thanks.

Authorized Signatory

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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