

## General Bill - Cash

Bill No : **OP43729** HR No : **168**  
Bill Date : **02-06-2026 01:37:27 PM** Age/Sex : **66Y 8M / Female**  
Patient Name : **Mrs. SURIYA BEGUM**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. Consultation Fees	<b>300.00</b>
<b>Bill Amount</b>	<b>300.00</b>

Received Amount : **Rs. 300.00**  
Received Amount in Words : **Three hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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