General Bill - Cash

Bill No	:	**OP45875**	HR No	:	**25077**
Bill Date	:	**04-08-2026 02:15:06 PM**	Age/Sex	:	**35Y / Female**
Patient Name	:	**Ms. DURGA DEVI**			

Description	Amount
1. Registration Charges	**100.00**
Bill Amount	**100.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

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