

General Bill - Cash

Bill No : **OP44647** HR No : **24608**
 Bill Date : **04-07-2026 05:17:52 PM** Age/Sex : **58Y 2M / Female**
 Patient Name : **Mrs. GIRIJA R**

Description	Amount
<u>Dr. Balaji Venkatachalam</u>	
1. Consultation Fees	700.00
1. Registration Charges	100.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
 Received Amount in Words : **Eight hundred only**
 Balance Amount : **Rs. 0.00**
 Mode of Payment : **E-Payment**
 Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
 Authorized Signatories

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