Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45598**	HR No	:	**17098**
Bill Date	:	**28-07-2026 07:51:40 PM**	Age/Sex	:	**37Y 5M / Female**
Patient Name	:	**Ms. LASCER MARY S**			

Description	Amount
Dr. Veena V C	
1. *Bhcg	**760.00**
2. Consultation Fees	**800.00**
Bill Amount	**1,560.00**

Received Amount	:	**Rs. 1560.00**
Received Amount in Words	:	**One thousand five hundred and sixty 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.