

General Bill - Cash

Bill No : **OP44292** HR No : **22807**
Bill Date : **24-06-2026 07:52:54 PM** Age/Sex : **27Y 4M / Female**
Patient Name : **Mrs. HARSHITA**

Description	Amount
Dr. Anuragaa S	
1. Consultation Fees	900.00
Bill Amount	900.00

Received Amount : **Rs. 900.00**
Received Amount in Words : **Nine 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.