General Bill - Cash

Bill No	:	**OP43918**	HR No	:	**24235**
Bill Date	:	**10-06-2026 03:23:03 PM**	Age/Sex	:	**74Y / Male**
Patient Name	:	**Mr. SOUNDARARAJAN B**			

Description	Amount
Dr. Sarita Vinod	
1. Ambulance 20 Kms + 20 Kms	**5,500.00**
Bill Amount	**5,500.00**

Received Amount	:	**Rs. 5500.00**
Received Amount in Words	:	**Five thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Sivaranjani P
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.