

General Bill - Cash

Bill No : **OP45235** HR No : **21384**
Bill Date : **20-07-2026 05:04:52 PM** Age/Sex : **22Y 5M / Female**
Patient Name : **Ms. Sri Jaya Vaishnavi**

Description	Amount
Bill Amount	0.00

Received Amount : **Rs. 1000.00**
Received Amount in Words : **One thousand 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.