

General Bill - Cash

Bill No : **OP45591** HR No : **24984**
Bill Date : **28-07-2026 06:21:08 PM** Age/Sex : **50Y 2M / Male**
Patient Name : **Mr. ANANDAN**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	500.00
1. Registration Charges	100.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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