Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP45770**	HR No	:	**22069**
Bill Date	:	**01-08-2026 01:49:41 PM**	Age/Sex	:	**62Y 6M / Female**
Patient Name	:	**Ms. USHA RAGHUNATHAN**			

Description	Amount
Dr. Padmavati	
1. Consultation Fees	**1,250.00**
Bill Amount	**1,250.00**

Received Amount	:	**Rs. 1250.00**
Received Amount in Words	:	**One thousand two hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Card**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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