

General Bill - Cash

Bill No : **OP44904** HR No : **24242**
Bill Date : **11-07-2026 03:37:15 PM** Age/Sex : **29Y 7M / Female**
Patient Name : **Mrs. JEBISHA FELIX**

Description	Amount
Ms. Priya	
1. Consultation Fees	2,100.00
Bill Amount	2,100.00

Received Amount : **Rs. 2100.00**
Received Amount in Words : **Two thousand one hundred 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.