

General Bill - Cash

Bill No : **OP45242** HR No : **24300**
Bill Date : **20-07-2026 06:05:28 PM** Age/Sex : **65Y 7M / Female**
Patient Name : **Mrs. GEETHA SAMBASIVAN**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
Bill Amount	700.00

Received Amount : **Rs. 700.00**
Received Amount in Words : **Seven hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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