

General Bill - Cash

Bill No : **OP45247** HR No : **24855**
Bill Date : **20-07-2026 06:44:43 PM** Age/Sex : **24Y / Female**
Patient Name : **Mrs. KEERTHIKA**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
1. Registration Charges	100.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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