

General Bill - Cash

Bill No : **OP43672** HR No : **24181**
Bill Date : **30-05-2026 01:03:05 PM** Age/Sex : **60Y 9M / Female**
Patient Name : **Mrs. FATHIMA BEEVI**

Description	Amount
Dr. Shivani Uppuluri	
1. ECG	400.00
2. Consultation Fees	1,000.00
1. Registration Charges	100.00
Bill Amount	1,500.00

Received Amount : **Rs. 1500.00**
Received Amount in Words : **One thousand five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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