# General Bill - Credit

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|---|---|---|---|---|---|
| Bill No | : | **OP48953** | HR No | : | **24273** |
| Bill Date | : | **10-11-2026 10:07:35 PM** | Age/Sex | : | **80Y / Female** |
| Patient Name | : | **Mrs. JAYALAKSHMI** | | | |

| Description | Amount |
|---|---|
| **Dr. Sarita Vinod** | |
| 1. Consultation Fees | **1,000.00** |
| | |
| **Bill Amount** | **1,000.00** |

| | | |
|---|---|---|
| Pending Amount | : | **Rs. 1,000.00** |
| Mode of Payment | : | |
| Bill Location | : | **Vinita Hospital, Nungambakkam** |

**Chandrakala M**
Authorized Signatories

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

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**A unit of Vijay Ganga Speciality Care Pvt. Ltd.**