

## General Bill - Cash

Bill No : **OP41309** HR No : **23277**  
Bill Date : **15-05-2026 04:02:36 PM** Age/Sex : **24Y 7M / Male**  
Patient Name : **Mr. test-skynyx**

| Description  | Amount           |
|--|------------------|
| <b>Dr. Sarita Vinod</b>  |                  |
| 1. *24hrs Urine VMA - Vanillylmandelic Acid  | <b>3,910.00</b>  |
| 2. Differential count  | <b>220.00</b>    |
| 3. Complete Blood Count & ESR  | <b>390.00</b>    |
| 4. CT SCAN ABDOMEN   | <b>5,500.00</b>  |
| 5. *NUCLEAR SCAN DMSA  | <b>5,250.00</b>  |
| 6. MPMRI OF PROSTATE   | <b>13,000.00</b> |
| 7. Blood Bank Reservation  | <b>500.00</b>    |
| 8. IFT and Mobilisation Programme  | <b>850.00</b>    |
| 9. Ambulance Charges, Dr Fee - 10000, Nursing Charge- 5000, Convenience Fee -3000, Ambulance Charges -1450 Kilometre - 32000 ( Chennai to Kerala ( Ernakulam ) | <b>50,000.00</b> |
| 10. Catheterisation Charges  | <b>1,500.00</b>  |
| 11. Scaling and Polishing  | <b>4,000.00</b>  |
| <b>Dr. Sockalingam</b>   |                  |
| 1. Wisdom Teeth Lower  | <b>4,000.00</b>  |
| <b>Bill Amount</b>   | <b>89,120.00</b> |

Received Amount : **Rs. 89120.00**  
Received Amount in Words : **Eighty-nine thousand one hundred and twenty only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Cash**  
Bill Location : **Vinita Hospital, Nungambakkam**

**skynyx**  
Authorized Signatorys