

General Bill - Cash

Bill No : **OP43681** HR No : **24133**
Bill Date : **31-05-2026 12:03:24 PM** Age/Sex : **62Y / Female**
Patient Name : **Mrs. P. MANIMEGALAI**

Description	Amount
Faheem	
1. Exercise Therapy	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jayarajan M
Authorized Signatories

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