Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP44479**	HR No	:	**24544**
Bill Date	:	**30-06-2026 02:58:52 PM**	Age/Sex	:	**80Y / Female**
Patient Name	:	**Mrs. S. SIVAGAMI**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Liver Function Test	**830.00**
3. Complete Blood Count & ESR	**390.00**
4. Lipid Profile	**660.00**
5. 24 hrs Urine for Protein Urea & Creatinine Clearance	**1,070.00**
6. HBsAg - eCLIA	**1,200.00**
7. Anti HCV - eCLIA	**1,200.00**
8. HIV Combi PT - eCLIA	**1,200.00**
9. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**7,870.00**

Received Amount	:	**Rs. 7870.00**
Received Amount in Words	:	**Seven thousand eight hundred and seventy only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
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.