

General Bill - Cash

Bill No : **OP45624** HR No : **24995**
Bill Date : **29-07-2026 06:24:44 PM** Age/Sex : **78Y / Female**
Patient Name : **Mrs. SEETHALAKSHMI**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
1. Registration Charges	100.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Cash**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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