

## General Bill - Cash

Bill No : **OP43691** HR No : **20558**  
Bill Date : **01-06-2026 09:55:36 AM** Age/Sex : **33Y 11M / Male**  
Patient Name : **Mr. CHAKRAVARTHI**

Description	Amount
<b>Dr. Murali Narasimhan</b>	
1. Consultation Fees	<b>850.00</b>
<b>Bill Amount</b>	<b>850.00</b>

Received Amount : **Rs. 850.00**  
Received Amount in Words : **Eight hundred and fifty only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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