

## General Bill - Cash

Bill No : **OP43730** HR No : **18673**  
Bill Date : **02-06-2026 01:55:18 PM** Age/Sex : **84Y 4M / Male**  
Patient Name : **Mr. ANKUREDDY JADARAYASREDDY**

Description	Amount
<b>Dr. Sarita Vinod</b>	
1. Liver Function Test	<b>830.00</b>
<b>Bill Amount</b>	<b>830.00</b>

Received Amount : **Rs. 830.00**  
Received Amount in Words : **Eight hundred and thirty 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.