

## General Bill - Cash

Bill No : **OP45403** HR No : **24914**  
Bill Date : **24-07-2026 07:28:00 AM** Age/Sex : **33Y 6M / Male**  
Patient Name : **Mr. DHANASEKAR**

| Description                    | Amount          |
|--------------------------------|-----------------|
| <b>Dr. Krishna Kumaran A</b>   |                 |
| 1. Senior Citizen Package Male | <b>9,999.00</b> |
| <b>Bill Amount</b>             | <b>9,999.00</b> |

Received Amount : **Rs. 9999.00**  
Received Amount in Words : **Nine thousand nine hundred and ninety-nine only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Cash E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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