

## General Bill - Cash

Bill No : **OP44467** HR No : **11101**  
Bill Date : **30-06-2026 12:13:29 PM** Age/Sex : **55Y 1M / Male**  
Patient Name : **Mr. M.VIJAYAKUMAR**

| Description             | Amount          |
|-------------------------|-----------------|
| <b>Dr. Sarita Vinod</b> |                 |
| 1. Consultation Fees    | <b>1,000.00</b> |
| <b>Bill Amount</b>      | <b>1,000.00</b> |

Received Amount : **Rs. 1000.00**  
Received Amount in Words : **One thousand only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jayarajan M**  
Authorized Signatories

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