Vinita HOSPITAL
NABH CERTIFIED

Receipt

HR No	:	**18851**	Receipt No	:	**048125**
Patient Name	:	**Mr. GURUMOORTHI K**	Receipt Date	:	**03-08-2026 | 05:37:51 pm**
Age	:	**45Y 2M / Male**			

Received **Rs.Nineteen Thousand One Hundred And Fifty-five (19155)**__ only from **Mr./ Ms.** GURUMOORTHI K__on the account of / for the purpose of **March - month dialysis payment Disallowed amount against Claim Number: 220204978309 (2025-26)**__ in the mode of **, Card - 000375**__ with thanks.

Authorized Signatory

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

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