

General Bill - Cash

Bill No : **OP44400** HR No : **24513**
Bill Date : **27-06-2026 06:42:06 PM** Age/Sex : **35Y / Male**
Patient Name : **Mr. GOWTHAM**

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	700.00
1. Registration Charges	100.00
Bill Amount	800.00

Received Amount : **Rs. 800.00**
Received Amount in Words : **Eight hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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