General Bill - Cash

Bill No	:	**OP44931**	HR No	:	**24729**
Bill Date	:	**11-07-2026 09:37:42 PM**	Age/Sex	:	**25Y / Female**
Patient Name	:	**Ms. GAYATHRI**			

Description	Amount
1. USG ABDOMEN WITH PELVIS	**2,500.00**
1. Registration Charges	**100.00**
Bill Amount	**2,600.00**

Received Amount	:	**Rs. 2600.00**
Received Amount in Words	:	**Two thousand six 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.