

General Bill - Cash

Bill No : **OP45396** HR No : **24904**
Bill Date : **23-07-2026 08:27:14 PM** Age/Sex : **49Y 6M / Female**
Patient Name : **Mrs. PRAGADEESWARI**

Description	Amount
Dr. Suresh P	
1. Consultation Fees	600.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred 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.