General Bill - Cash

Bill No	:	**OP43881**	HR No	:	**24262**
Bill Date	:	**08-06-2026 03:15:02 PM**	Age/Sex	:	**82Y 11M / Male**
Patient Name	:	**Mr. S. MOHAN**			

Description	Amount
Dr. Ilavarasan S	
1. Consultation Fees	**1,000.00**
1. Registration Charges	**100.00**
Bill Amount	**1,100.00**

Mode of Payment : **Cash**

Bill Location : **Vinita Hospital, Nungambakkam**

Sivaranjani P
Authorized Signatories

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

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