General Bill - Cash

Bill No	:	**OP44430**	HR No	:	**24518**
Bill Date	:	**29-06-2026 02:02:42 PM**	Age/Sex	:	**42Y / Female**
Patient Name	:	**Mrs. DURGA DEVI**			

Description	Amount
Dr. Krishna Kumaran A	
1. USG NECK	**3,500.00**
Bill Amount	**3,500.00**

Received Amount	:	**Rs. 3500.00**
Received Amount in Words	:	**Three thousand five hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Tharakavi S
Authorized Signatories

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

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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