General Bill - Cash

Bill No	:	**OP44899**	HR No	:	**20803**
Bill Date	:	**11-07-2026 02:55:38 PM**	Age/Sex	:	**17Y 1M / Male**
Patient Name	:	**Mr. MUGUNDHAN**			

Description	Amount
Dr. Elancheralathan	
1. Consultation Fees	**850.00**
Bill Amount	**850.00**

Mode of Payment : **E-Payment**

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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