General Bill - Cash

Bill No	:	**OP44733**	HR No	:	**15740**
Bill Date	:	**07-07-2026 05:31:13 PM**	Age/Sex	:	**58Y 4M / Female**
Patient Name	:	**Ms. SUJATHA T.A**			

Description	Amount
Dr. Murali Narasimhan	
1. Consultation Fees	**850.00**
Bill Amount	**850.00**

Received Amount	:	**Rs. 850.00**
Received Amount in Words	:	**Eight hundred and fifty only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
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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