General Bill - Cash

Bill No	:	**OP44919**	HR No	:	**24458**
Bill Date	:	**11-07-2026 06:08:59 PM**	Age/Sex	:	**54Y 1M / Male**
Patient Name	:	**Mr. MURUGAN V P**			

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	**500.00**
Bill Amount	**500.00**

Received Amount	:	**Rs. 500.00**
Received Amount in Words	:	**Five hundred 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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