

## General Bill - Cash

Bill No : **OP45472** HR No : **20249**  
Bill Date : **25-07-2026 06:49:19 PM** Age/Sex : **57Y 7M / Female**  
Patient Name : **Mrs. PREMA KUMARI**

| Description                     | Amount        |
|---------------------------------|---------------|
| <b>Dr. Balaji Venkatachalam</b> |               |
| 1. Consultation Fees            | <b>700.00</b> |
| <b>Bill Amount</b>              | <b>700.00</b> |

Received Amount : **Rs. 700.00**  
Received Amount in Words : **Seven hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jayarajan M**  
Authorized Signatories

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