

## General Bill - Cash

Bill No : **OP45119** HR No : **936**  
Bill Date : **17-07-2026 10:21:27 AM** Age/Sex : **81Y 3M / Male**  
Patient Name : **Mr. Ganapathy A.**

| Description                   | Amount          |
|-------------------------------|-----------------|
| <b>Dr. Sairam Subramanian</b> |                 |
| 1. Consultation Fees          | <b>1,000.00</b> |
| <b>Bill Amount</b>            | <b>1,000.00</b> |

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.