Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP44547**	HR No	:	**12458**
Bill Date	:	**02-07-2026 01:13:45 PM**	Age/Sex	:	**67Y 10M / Male**
Patient Name	:	**Mr. PAUL CHATER**			

Description	Amount
Dr. Sarita Vinod	
1. Urea	**220.00**
2. Creatinine	**290.00**
3. Blood Group & Rh Type	**100.00**
4. Liver Function Test	**830.00**
5. Electrolytes	**540.00**
6. Complete Blood Count & ESR	**390.00**
7. HbA1c	**540.00**
8. HBsAg - eCLIA	**1,200.00**
9. Anti HCV - eCLIA	**1,200.00**
10. HIV Combi PT - eCLIA	**1,200.00**
11. ECG	**400.00**
12. ECHO CARDIOGRAM	**3,000.00**
13. Consultation Fees	**1,000.00**
Bill Amount	**10,910.00**

Received Amount	:	**Rs. 10910.00**
Received Amount in Words	:	**Ten thousand nine hundred and ten 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.