

## General Bill - Cash

Bill No : **OP45224** HR No : **20765**  
Bill Date : **20-07-2026 03:35:39 PM** Age/Sex : **46Y 9M / Male**  
Patient Name : **Mr. BHASKAR.K**

| Description            | Amount          |
|------------------------|-----------------|
| <b>Dr. P.S. Chitra</b> |                 |
| 1. Consultation Fees   | <b>1,800.00</b> |
| <b>Bill Amount</b>     | <b>1,800.00</b> |

Received Amount : **Rs. 1800.00**  
Received Amount in Words : **One thousand eight hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **Card**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jayarajan M**  
Authorized Signatories

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