Vinita HOSPITAL NABH CERTIFIED

General Bill - Cash

Bill No	:	**OP44323**	HR No	:	**24484**
Bill Date	:	**25-06-2026 06:12:50 PM**	Age/Sex	:	**72Y / Female**
Patient Name	:	**Mrs. SUDHA MITTAL**			

Description	Amount
1. Registration Charges	**100.00**
Dr. Edal Queen Reni	
1. IFT / USD (7 days)	**4,900.00**
Total	**5,000.00**
Discount	**500.00**
Bill Amount	**4,500.00**

Received Amount	:	**Rs. 4500.00**
Received Amount in Words	:	**Four thousand five 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.