

General Bill - Cash

Bill No : **OP45411** HR No : **10860**
Bill Date : **24-07-2026 02:43:46 PM** Age/Sex : **44Y / Female**
Patient Name : **Ms. DIVYA BHASKAR**

Description	Amount
Dr. P.S. Chitra	
1. Consultation Fees	1,800.00
Bill Amount	1,800.00

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.