

General Bill - Cash

Bill No : **OP43831** HR No : **23459**
Bill Date : **06-06-2026 12:09:28 PM** Age/Sex : **58Y 3M / Male**
Patient Name : **Mr. SHANMUGHAM N**

Description	Amount
Dr. Bhargavi R	
1. Consultation Fees	600.00
Bill Amount	600.00

Received Amount : **Rs. 600.00**
Received Amount in Words : **Six hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **Card**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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