

## General Bill - Cash

Bill No : **OP45773** HR No : **11424**  
Bill Date : **01-08-2026 02:10:09 PM** Age/Sex : **37Y / Female**  
Patient Name : **Ms. MANJUBASHINI KRISHNAMURTHI**

| Description          | Amount          |
|----------------------|-----------------|
| <b>Dr. Padmavati</b> |                 |
| 1. Consultation Fees | <b>1,250.00</b> |
| <b>Bill Amount</b>   | <b>1,250.00</b> |

Received Amount : **Rs. 1250.00**  
Received Amount in Words : **One thousand two hundred and fifty only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jeevitha P**  
Authorized Signatories

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