

## General Bill - Cash

Bill No : **OP44218** HR No : **24445**  
Bill Date : **22-06-2026 07:48:38 PM** Age/Sex : **49Y 1M / Female**  
Patient Name : **Mrs. JANAKI N**

| Description                     | Amount        |
|---------------------------------|---------------|
| <b>Dr. Balaji Venkatachalam</b> |               |
| 1. Consultation Fees            | <b>700.00</b> |
| 1. Registration Charges         | <b>100.00</b> |
| <b>Bill Amount</b>              | <b>800.00</b> |

Received Amount : **Rs. 800.00**  
Received Amount in Words : **Eight hundred only**  
Balance Amount : **Rs. 0.00**  
Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Jayarajan M**  
Authorized Signatories

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