General Bill - Cash

Bill No	:	**OP44224**	HR No	:	**24453**
Bill Date	:	**23-06-2026 09:21:07 AM**	Age/Sex	:	**54Y / Male**
Patient Name	:	**Mr. ANIL KUMAR**			

Description	Amount
Dr. Sathya Kumar	
1. Registration Charges	**100.00**
Bill Amount	**100.00**

Received Amount	:	**Rs. 100.00**
Received Amount in Words	:	**One hundred only**
Balance Amount	:	**Rs. 0.00**
Mode of Payment	:	**Cash**
Bill Location	:	**Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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

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