

General Bill - Cash

Bill No : **OP43826** HR No : **15764**
Bill Date : **06-06-2026 10:37:03 AM** Age/Sex : **66Y 2M / Female**
Patient Name : **Mrs. PADMA R**

Description	Amount
Dr. Padmavati	
1. Consultation Fees	1,250.00
Bill Amount	1,250.00

Received Amount : **Rs. 1250.00**
Received Amount in Words : **One thousand two hundred and fifty 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.