

General Bill - Cash

Bill No : **OP43890** HR No : **15606**
Bill Date : **09-06-2026 08:03:20 AM** Age/Sex : **65Y 2M / Female**
Patient Name : **Ms. SHYAMALA BALAKRISHNAN**

Description	Amount
Dr. Sarita Vinod	
1. Senior Citizen Package Female	9,999.00
Bill Amount	9,999.00

Received Amount : **Rs. 9999.00**
Received Amount in Words : **Nine thousand nine hundred and ninety-nine 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.