

General Bill - Cash

Bill No : **OP44379** HR No : **22563**
Bill Date : **27-06-2026 03:16:31 PM** Age/Sex : **26Y 6M / Male**
Patient Name : **Ms. AISHWARYA**

Description	Amount
Ms. Priya	
1. Consultation Fees	2,100.00
Bill Amount	2,100.00

Received Amount : **Rs. 2100.00**
Received Amount in Words : **Two thousand 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.