General Bill - Cash

Bill No	:	**OP45460**	HR No	:	**22563**
Bill Date	:	**25-07-2026 03:56:47 PM**	Age/Sex	:	**26Y 7M / 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**

Jayarajan M
Authorized Signatories

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

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