

General Bill - Cash

Bill No : **OP45342** HR No : **5512**
Bill Date : **22-07-2026 04:42:48 PM** Age/Sex : **30Y 2M / Male**
Patient Name : **Mr. R.J.SIMON**

Description	Amount
Dr. Aarthi Raman	
1. Consultation Fees	500.00
Bill Amount	500.00

Received Amount : **Rs. 500.00**
Received Amount in Words : **Five 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.