

## General Bill - Cash

|              |                          |         |                   |
|--------------|--------------------------|---------|-------------------|
| Bill No      | : OP45508                | HR No   | : 10179           |
| Bill Date    | : 27-07-2026 02:40:53 PM | Age/Sex | : 73Y 3M / Female |
| Patient Name | : Mrs. MUKTHARUNNISA K   |         |                   |

| Description                      | Amount          |
|----------------------------------|-----------------|
| <b><u>Dr. Balaji Saibaba</u></b> |                 |
| 1. Consultation Fees             | 2,000.00        |
| 2. Ambulance 5 Kms + 5Kms        | 2,300.00        |
| <b><u>Dr. Faheem</u></b>         |                 |
| 1. Exercise Therapy              | 500.00          |
|                                  |                 |
| <b>Bill Amount</b>               | <b>4,800.00</b> |

Mode of Payment : **E-Payment**  
Bill Location : **Vinita Hospital, Nungambakkam**

**Tharakavi S**  
Authorized Signatories

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