

General Bill - Cash

Bill No : **OP45781** HR No : **6150**
Bill Date : **01-08-2026 03:35:58 PM** Age/Sex : **52Y 1M / Male**
Patient Name : **Mr. SUHAIL AHMED**

Description	Amount
Dr. Niveanthini Thangaraj	
1. Minor Wound Dressing	200.00
Bill Amount	200.00

Received Amount : **Rs. 200.00**
Received Amount in Words : **Two hundred only**
Balance Amount : **Rs. 0.00**
Mode of Payment : **E-Payment**
Bill Location : **Vinita Hospital, Nungambakkam**

Jeevitha P
Authorized Signatories

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