General Bill - Cash

Bill No	:	**OP45593**	HR No	:	**24981**
Bill Date	:	**28-07-2026 06:31:50 PM**	Age/Sex	:	**50Y / Male**
Patient Name	:	**Mr. KANNAN**			

Description	Amount
Dr. Balaji Venkatachalam	
1. Consultation Fees	**400.00**
2. Sugar Check	**100.00**
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**

Jeevitha P
Authorized Signatories

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

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