General Bill - Cash

Bill No	:	**OP45344**	HR No	:	**4541**
Bill Date	:	**22-07-2026 05:08:05 PM**	Age/Sex	:	**47Y 1M / Female**
Patient Name	:	**Mrs. ALIYA JABEEN**			

Description	Amount
Dr. Ramleth A	
1. Consultation Fees	**2,500.00**
Bill Amount	**2,500.00**

Received Amount	:	**Rs. 2500.00**
Received Amount in Words	:	**Two thousand 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.

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A unit of Vijay Ganga Speciality Care Pvt. Ltd.