

General Bill - Cash

Bill No : **OP44845** HR No : **24686**
Bill Date : **10-07-2026 03:33:47 PM** Age/Sex : **27Y / Male**
Patient Name : **Mr. ARVIND PANDIAN**

Description	Amount
Dr. Niveanthini Thangaraj	
1. CT SCREENING BRAIN	1,200.00
Bill Amount	1,200.00

Received Amount : **Rs. 1200.00**
Received Amount in Words : **One thousand 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.