

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT : RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES :08/RUTHOSP/2025
TIN :101515092

T O T A L B I L L

RUTONGO MINES LTD has to pay
to RUTONGO HOSPITAL the sum of
(in figures) :

210,449

Two hundred ten thousand four hundred forty-nine rwandan francs

for all medical care given to its affiliates

August/2025

This amount will be put into account number 100001019885 Hopital Rutongo Fonctionnement

At bank of kigali (BK)



Done at Ngoma 15/09/2025
Dr NTHABOSE AIME PATRICK
DIRECTOR GENERAL

Amount approved after reconciliation

(In figures) :

210,449 Fw

(In words):

Two hundred ten thousand four hundred forty nine Rwandan francs

Date & Signature :

Names NIREKE CHRISTINE

FRANCIS 25/11/2025

Post: PARAMEDIC

BLIC OF RWANDA



RUTONGO HOSPITAL

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

emails: info@rutongohospital.gov.rw



TERN PROVINCE
INDO DISTRICT

INVOICE OF RUTONGO MINES LTD MOUNTH OF AUGUST 2025

No	MOUNTH	NO CARTE	NOM ET PRENOM	ACTES	Ticket	Montant
1	12/08/2025	1197230064890094	MALADE JOSEPH RUTAYISIRE	100%	moderate	152702.2
2	02/08/2025	1159480076269032	FILS NYAMINANI	57746.87		57746.87
Total						210449.1

PREPARED BY
NYRAHABIMANA Marie Grace
RECOVERY OFFICER

RECHECKED BY
KALISA FRANCOIS
D.A.F

APPROVE PAR:
DR NTIHABOSE AIME PATRICK

DG





RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/205039UP-9 Beneficiary Names: FILS NYAMINANI DOB: 1994-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-08-04 Date de sortie: 2025-08-21
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION null CATEGORY: 0 PHONE NO: 0786224534
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Shengampuli/Agasharu

FACTURE DES PRESTATIONS DE SOINS DE SANTE #205039UP-9278654 - 2025-08-04 Patient ID: 205039UP-9

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSOMMABLES								
1	2025-08-04	Materiels pour Radiology		1.00	300.00	300.00	0.00	300.00
2	2025-08-12	Signes viteaux		1.00	200.00	200.00	0.00	200.00
3	2025-08-12	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
						1100.00	0.00	1100.00
MEDICAMENTS								
1	2025-08-04	Dexamethasone + gentamycin collyre	3xlgtte/o/jr//7jrs	1.00	1336.00	1336.00	0.00	1336.00
2	2025-08-04	Ibuprofen 400 mg tab	2xlce/jr//5jrs	10.00	21.00	210.00	0.00	210.00
3	2025-08-04	Paracetamol 500 mg tab	2xlg/jr//5jrs	20.00	17.00	340.00	0.00	340.00
						1886.00	0.00	1886.00
IMAGING								
1	2025-08-04	X-ray of the skull (AP & lateral)-RHIC-XRAY-039		1.00	7653.60	7653.60	0.00	7653.60
						7653.60	0.00	7653.60
						10639.60	0.00	10639.60

NIYIRERA Liberatrice
 CASHIER
 Tel: 0783382288
 RUTONGO HOSPITAL

Discharge by (Doctor):
 Dr. Arthur NIZE SMAILI
 RUTONGO HOSPITAL
 Dr. SMAILI NIZE SMAILI
 MURINDI GASHARU
 TEL: 0783382288
 OM: 2174

Beneficiary Names/Signature:

Insurance's Staff:

[Handwritten mark]



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

2

DISEASE TYPE: Natural
Disease

Card: NONE/205039UP-9

Beneficiary Names: FILS
NYAMINANI

DOB: 1994-01-01

Ambulant: Non

Sex: M

Date d'entree: 2025-08-02

Date de sortie: 2025-08-02

NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION
null

CATEGORY: 0

PHONE NO: 0786224534

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

SECTOR: MASORO

CELL/VILLAGE:
Shengampuli/Agasharu**FACTURE DES PRESTATIONS DE SOINS DE SANTE #205039UP-9278490 - 2025-08-02 Patient ID: 205039UP-9**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2025-08-02	Consultation by a general practioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						4336.82	0.00	4336.82
LABORATOIRE								
1	2025-08-02	FULL BLOOD COUNT -RLTC-HEMA-095		1.00	4315.00	4315.00	0.00	4315.00
2	2025-08-02	URIC ACID-RLTC-CHEM-214		1.00	3880.00	3880.00	0.00	3880.00
3	2025-08-02	C-reactive protein (CRP)-RLTC-SERO-024		1.00	1580.00	1580.00	0.00	1580.00
4	2025-08-02	CREATININE-RLTC-CHEM-073		1.00	3880.00	3880.00	0.00	3880.00
5	2025-08-02	SGOT - ASAT*-RLTC-CHEM-180		1.00	3155.00	3155.00	0.00	3155.00
6	2025-08-02	SGPT -ALAT*-RLTC-CHEM-181		1.00	3155.00	3155.00	0.00	3155.00
7	2025-08-02	AMYLASE-SERUM/URINE-RLTC-CHEM-025		1.00	4315.00	4315.00	0.00	4315.00
8	2025-08-02	TRIGLYCERIDES -RLTC-CHEM-203		1.00	3880.00	3880.00	0.00	3880.00
9	2025-08-02	HEPATITIS C ANTIBODY-RLTC-SERO-037		1.00	0.00	0.00	0.00	0.00
10	2025-08-02	Hepatitis B Surface Antibody (anti-HBs), Quantitative-RLTC-SERO-017		1.00	0.00	0.00	0.00	0.00
11	2025-08-02	TOTAL PROTEINS (SERUM/URIN/OTHER BODY FLUIDS)-RLTC-CHEM-200		1.00	3880.00	3880.00	0.00	3880.00
12	2025-08-02	GLUCOSE GEN 3-RLTC-CHEM-102		1.00	2910.00	2910.00	0.00	2910.00
13	2025-08-02	TOTAL BILIRUBIN*-RLTC-CHEM-196		1.00	3155.00	3155.00	0.00	3155.00
						38105.00	0.00	38105.00
CONSOMMABLES								
1	2025-08-02	Catheter IV G18		2.00	346.00	692.00	0.00	692.00
2	2025-08-02	Gant d'examen non stérile N° 7,5	for medical and nursing act	10.00	53.00	530.00	0.00	530.00
3	2025-08-02	Seringue 10ml+ needle		1.00	118.00	118.00	0.00	118.00
4	2025-08-02	Trousse ordinaire		1.00	259.00	259.00	0.00	259.00
						1599.00	0.00	1599.00
MEDICAMENTS								
1	2025-08-02	Diclofenac injection	75mg stat	1.00	58.00	58.00	0.00	58.00
2	2025-08-02	Ibuprofen 400 mg tab	400mg tds/5	15.00	21.00	315.00	0.00	315.00

9

3	2025-08-02	Paracetamol 500 mg tab	500mg tds/5	15.00	17.00	255.00	0.00	255.00
4	2025-08-02	Sodium Chloride (Normal saline) 0.9 500 ml	500ml	1.00	662.00	662.00	0.00	662.00
		ACTS				1290.00	0.00	1290.00
1	2025-08-02	Adult blood sampling-RHIC-NURS-030		1.00	1776.45	1776.45	0.00	1776.45
						1776.45	0.00	1776.45
						47107.27	0.00	47107.27

Generated by
niyireba vibereee
**MIYIREBA VIBERE
CASHIER
T: 078 222264
RUTONGO HOSPITAL**

Discharge by (Doctor):
Eric Kuzaduseee
**Dr. Eric Kuzaduseee
General Practitioner
T: 078 222264
RUTONGO HOSPITAL**

Beneficiary
Names/Signature:
[Signature]

Insurance's Staff:
.....

[Handwritten mark]



RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

Card: NONE/2050573E-N Beneficiary Names: JOSEPH RUTAYISIRE DOB: 1972-01-01 Ambulant: Qui
 Sex: M Date d'entree: 2025-08-13 Date de sortie: 2025-08-19
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0783744117
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Nyamyumba/Kigomwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #2050573E-N279916 - 2025-08-13 Patient ID: 2050573E-N

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2025-08-13	Consultation paramedical A0-RHIC-CONS-007		1.00	1588.63	1588.63	0.00	1588.63
						1588.63	0.00	1588.63
CONSOMMABLES								
1	2025-08-13	Gant d'examen non stérile N° 7,5	actes	4.00	53.00	212.00	0.00	212.00
2	2025-08-13	Bande elastique (crepe)10x4	strapping	1.00	819.00	819.00	0.00	819.00
3	2025-08-19	Gant d'examen non stérile N° 7,5	actes	4.00	53.00	212.00	0.00	212.00
4	2025-08-19	Bande elastique (crepe)10x4	strapping & splinting	1.00	819.00	819.00	0.00	819.00
						2062.00	0.00	2062.00
MEDICAMENTS								
1	2025-08-13	Pommade Camphre 10% 50gr		1.00	939.00	939.00	0.00	939.00
						939.00	0.00	939.00
ACTS								
1	2025-08-13	Electrotherapy: tens/ pain relief-RHIC-PHYS-026		1.00	8672.88	8672.88	0.00	8672.88
2	2025-08-13	Soft tissue manipulation of 1 upper limb-RHIC-PHYS-070		1.00	10445.92	10445.92	0.00	10445.92
3	2025-08-13	Joint mobilisation -outer range-RHIC-PHYS-065		1.00	10966.48	10966.48	0.00	10966.48
4	2025-08-13	Special techniques: strapping-RHIC-PHYS-089		1.00	14640.38	14640.38	0.00	14640.38
5	2025-08-19	Electrotherapy: tens/ pain relief-RHIC-PHYS-026		1.00	8672.88	8672.88	0.00	8672.88
6	2025-08-19	Soft tissue manipulation of 1 upper limb-RHIC-PHYS-070		1.00	10445.92	10445.92	0.00	10445.92
7	2025-08-19	Joint mobilisation -outer range-RHIC-PHYS-065		1.00	10966.48	10966.48	0.00	10966.48
8	2025-08-19	Special techniques: splinting-RHIC-PHYS-088		1.00	28939.04	28939.04	0.00	28939.04
						103749.98	0.00	103749.98
						108339.61	0.00	108339.61

Generated by: niyirera libyathie
 niyirera libyathie
 Cashier
 Tel: 0785782264
 RUTONGO HOSPITAL

Discharge by (Doctor):
 Elesie Claire Umutesi

Beneficiary
 Names/Signature:

Insurance's Staff:

RPT UMUTESI Elesie Claire
 RAHPC: 01061113
 Phone: 0785897838
 RUTONGO HOSPITAL



RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

Card: NONE/2050573E-N
 Sex: M
 NAME(S) OF HOUSEHOLD HEAD: null
 PROVINCE: Northern Province/Amajyaruguru

Beneficiary Names: JOSEPH RUTAYISIRE
 Date d'entree: 2025-08-25
 FAMILY'S/AFFILIATION CODE:: null
 DISTRICT: Rulindo

DOB: 1972-01-01
 Date de sortie: 2025-11-20
 CATEGORY: 0
 SECTOR: MASORO

DISEASE TYPE: Natural Disease
 Ambulant: Qui
 PHONE NO: 0783744117
 CELL/VILLAGE: Nyamyumba/Kigomwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #2050573E-N281301 - 2025-08-25 Patient ID: 2050573E-N

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSOUMMABLES								
1	2025-08-25	Gant d'examen non stérile N° 7,5	actes	4.00	53.00	212.00	0.00	212.00
2	2025-11-14	Signes viteaux		1.00	200.00	200.00	0.00	200.00
3	2025-11-14	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
						1012.00	0.00	1012.00
ACTS								
1	2025-08-25	Electrotherapy: tens/ pain relief-RHIC-PHYS-026		1.00	8672.88	8672.88	0.00	8672.88
2	2025-08-25	Soft tissue manipulation of 1 upper limb-RHIC-PHYS-070		1.00	10445.92	10445.92	0.00	10445.92
3	2025-08-25	Joint mobilisation -outer range-RHIC-PHYS-065		1.00	10966.48	10966.48	0.00	10966.48
						30085.28	0.00	30085.28
						31097.28	0.00	31097.28

Generated by: niyirera liberee

Discharge by (Doctor):
 Elesie Claire Umutesi

Beneficiary Names/Signature:

Insurance's Staff:



Handwritten signature



RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

M

Card: NONE/2050573E-N Beneficiary Names: JOSEPH RUTAYISIRE DOB: 1972-01-01 DISEASE TYPE: Natural Disease
 Sex: M Date d'entree: 2025-08-12 Date de sortie: 2025-08-12 Ambulant: Qui
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0783744117
 PROVINCE: Northern Province/Amajyaruguru DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Nyamyumba/Kigonwa

FACTURE DES PRESTATIONS DE SOINS DE SANTE #2050573E-N279768 - 2025-08-12 Patient ID: 2050573E-N

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2025-08-12	Consultation by a general practioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						4336.82	0.00	4336.82
CONSOMMABLES								
1	2025-08-12	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-08-12	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
3	2025-08-12	Materiels pour Radiology		1.00	300.00	300.00	0.00	300.00
						1100.00	0.00	1100.00
MEDICAMENTS								
1	2025-08-12	Pommade Camphre 10% 50gr		1.00	939.00	939.00	0.00	939.00
						939.00	0.00	939.00
IMAGING								
1	2025-08-12	X-ray of the hand unilateral (AP & lateral)-RHIC-XRAY-055		1.00	7901.45	7901.45	0.00	7901.45
						7901.45	0.00	7901.45
						14277.27	0.00	14277.27

Generated by: niyirera, mbere

Prepared by (Doctor):

 Kvetse UMHOZA

Beneficiary Names/Signature:

[Handwritten Signature]

Insurance's Staff:

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2

2010573E-N


TRINITY
METALS
RUTONGO MINES

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: Rutayama Joseph
 Site: Masoro
 Title: RDO Asst
 ID: M97280064890094
 EID: 1002189
 Phone: 0783204117

Age: ~~38~~ 53
 Sex: M
 Insurance N^o: Rutayama Joseph

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
12/27/2011	Nyamira Asst P.O. Nyamira	Rudunga Hospital	Rui Bwiro 

HEALTH & SAFETY
 Department
 RUTONGO MINES


2

REPUBLIC OF RWANDA
REPUBLIC OF RWANDA

INDANGAMUNTU
NATIONAL IDENTITY CARD



Amazina / Names
RUTAYISIRE Joseph

Itariki yavutseho / Date of Birth
1/1/1972

Igitsina / Sex Aho Yatangiwe / Place of Issue
Gabo / M Rulindo / **MURAMBI**

Umukeno wa Nyirayo / Signature
X X X

Indangamuntu / National ID No. **1 1972 8 0064890 0 94**

9

REPUBLIC OF RWANDA



NORTHERN PROVINCE
RULINDO DISTRICT

RUTONGO HOSPITAL
P.O. Box 1395 Kigali
Call us: 0783386406 / 0781730987
email: info@rutongohospital.gov.rw



FICHE DE RENDEZ-VOUS

Service de..... *Dabich*.....
Nom et Prenom: *RUTAMIRWE Joseph*
Age: *53 ans*
Address: *Musoro*
Diagnostic: *DIP index finger styffness*

Date	Traitement	Date de rendez-vous	Signature
<i>13/08/2024</i>	<i>1tho, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th</i>	<i>19/08/2024</i>	<i>[Signature]</i>



2

HEALTH AND SAFETY DEPARTMENT

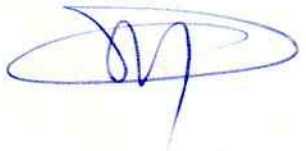
EXIT TICKET FOR TREATMENT

Names:
Site:
Title:
ID:
EID:
Phone:

Age:

Sex:

Insurance N^o:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
<u>318</u> 2025	Nyaminani	Rutongo DH	Minere christine 

HEALTH & SAFETY
Department
Stamp
RUTONGO MINES