

REPUBLIC OF RWANDA



**RUTONGO HOSPITAL**

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

email: [info@rutongohospital.gov.rw](mailto:info@rutongohospital.gov.rw)

WESTERN PROVINCE  
RUTONGO DISTRICT



INVOICE OF RUTONGO MINES LTD MOUNTN OF SEPTEMBER 2025

No	MOUNTN	NO CARTE	NOM ET PRENOM MALADE	ACTES 100%	Ticket moderate	Montant total
2	16/09/2025	1197180048682085	JEAN NEPOMUSCENE NZAMUKUNDA	24808.88		24808.88
Total						46745.75

PREPARED BY  
NYIRAHABIMANA 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  
 rutongehospital@moh.gov.rw

DISEASE TYPE: Natural Disease

Card: NONE/205058EY-9 Beneficiary Names: XXX DOB: 1994-01-01 Ambulant: Qui  
 Sex: M Date d'entree: 2025-09-16 Date de sortie: 2025-11-19  
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0781475039  
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MASORO CELL/VILLAGE: Kabuga/Kanunga  
 Province/Amajyaruguru

**FACTURE DES PRESTATIONS DE SOINS DE SANTE #205058EY-9284382 - 2025-09-16 Patient ID: 205058EY-9**

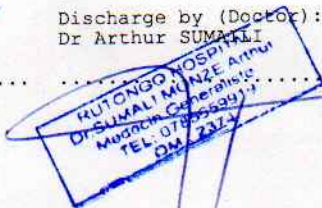
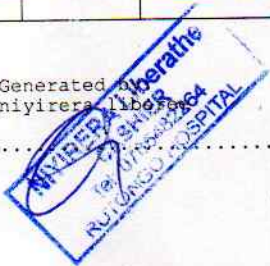
#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
<b>CONSULTATION</b>								
1	2025-09-16	Consultation by a general practioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						<b>4336.82</b>	<b>0.00</b>	<b>4336.82</b>
<b>CONSOMMABLES</b>								
1	2025-09-16	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-09-16	Imprimee ( printing) other services		2.00	300.00	600.00	0.00	600.00
						<b>800.00</b>	<b>0.00</b>	<b>800.00</b>
<b>MEDICAMENTS</b>								
1	2025-09-16	Paracetamol 500 mg tab	1g tid 5/7	30.00	17.00	510.00	0.00	510.00
2	2025-09-16	Tramadol 50 mg tab	3x1c/j//5j	15.00	49.00	735.00	0.00	735.00
						<b>1245.00</b>	<b>0.00</b>	<b>1245.00</b>
<b>IMAGING</b>								
1	2025-09-16	X-ray of the chest ( AP or PA )-RHIC-XRAY-067		1.00	7653.60	7653.60	0.00	7653.60
2	2025-09-16	X-ray of the hand unilateral (AP & lateral)-RHIC-XRAY-055		1.00	7901.45	7901.45	0.00	7901.45
						<b>15555.05</b>	<b>0.00</b>	<b>15555.05</b>
						<b>21936.87</b>	<b>0.00</b>	<b>21936.87</b>

Generated by niyirera libereza

Discharge by (Doctor):  
 Dr Arthur SUMALI

Beneficiary Names/Signature:

Insurance's Staff:



*(Handwritten signature)*

*(Handwritten signature)*

TRINITY  
MUTUELLE

205058EY-9

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Name: NSHI ZIRUNGU

Age: M

Sex: KAKUMBO

Sex: 3A


Title: MINING ASSISTANT

Insurance N°: MUTUELLE

ID: 1199480055942098

ESD: 1002010

Phone: [ ]

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
16/9 2025	NYAMI NYAMI FILS	RUTONGODH	MIRERE CHRISTINE 

HEALTH & SAFETY  
Department  
RUTONGODH  
16/09/2025

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

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Card: NONE/205058EX-C Beneficiary Names: JEAN NEPOMUSCENE NZAMUKUNDA DOB: 1971-01-01 DISEASE TYPE: Natural Disease  
 Sex: M Date d'entree: 2025-09-16 Date de sortie: 2025-11-19 Ambulant: Qui  
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0781475039  
 PROVINCE: Northern DISTRICT: Rutundo SECTOR: MASORO CELL/VILLAGE: Nyamyumba/Kigonwa

**FACTURE DES PRESTATIONS DE SOINS DE SANTE #205058EX-C284380 - 2025-09-16 Patient ID: 205058EX-C**

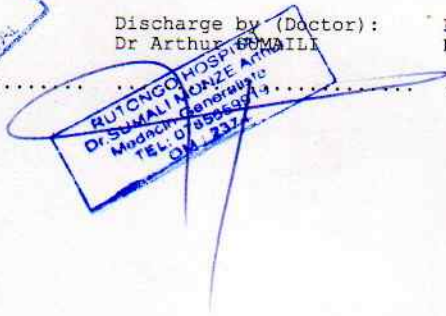
#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
<b>CONSULTATION</b>								
1	2025-09-16	Consultation by a general practioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						<b>4336.82</b>	<b>0.00</b>	<b>4336.82</b>
<b>CONSOMMABLES</b>								
1	2025-09-16	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-09-16	Imprimee ( printing) other services		2.00	300.00	600.00	0.00	600.00
						<b>800.00</b>	<b>0.00</b>	<b>800.00</b>
<b>MEDICAMENTS</b>								
1	2025-09-16	Paracetamol 500 mg tab	1g tid 5/7	30.00	17.00	510.00	0.00	510.00
2	2025-09-16	Tramadol 50 mg tab	3x1c/j//5j	15.00	49.00	735.00	0.00	735.00
						<b>1245.00</b>	<b>0.00</b>	<b>1245.00</b>
<b>IMAGING</b>								
1	2025-09-16	X-ray of the chest ( AP or PA )-RHIC-XRAY-067		1.00	7653.60	7653.60	0.00	7653.60
2	2025-09-16	Abdominal utrasound-RHIC-SONO-028		1.00	10773.46	10773.46	0.00	10773.46
						<b>18427.06</b>	<b>0.00</b>	<b>18427.06</b>
						<b>24808.88</b>	<b>0.00</b>	<b>24808.88</b>

Generated by: niyirera nyirera

Discharge by (Doctor): Dr Arthur NZAMUKUNDA

Beneficiary Names/Signature:

Insurance's Staff:



*[Handwritten signature]*

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PROVINCE / MVK : NORTH  
ADMINISTRATIVE DISTRICT : RULINDO  
HEALTH FACILITY : RUTONGO HOSPITAL  
RUTONGO MINES :09/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) : 

46,746
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Forty-six thousand seven hundred forty-six. rwandan francs  
for all medical care given to its affiliates.  
September/2025  
This amount will be put into account number 100001019885 Hopital Rutongo Fonctionnement  
At bank of kigali (BK)

Done at Ngoma 15/10/2025  
NTIHABOSE AIME PATRICK  
DIRECTOR GENERAL



Amount approved after reconciliation

(In figures) : 

46,746
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(In words): Forty-six thousand seven hundred forty-six Rwandan francs  
Date & Signature : *Mirene Christine Francis*  
Names : *25/11/2025*  
Post: *PARAMEDIC*

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