

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT: RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD IN : JAN/RUTHOSP/2026
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) :

8,852	
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(In words) Seven thousand five hundred and seventeen Rwandan francs only

for all medical care given to its affiliates.

Jan-26

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

At bank of kigali (BK)

Done at Ngoma 15/01/2026
NTIHABOSE AIME PATRICK
DIRECTOR GENERAL



Amount approved after reconciliation

(In figures) :

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(In words):

Date & Signature :

Names

Post:

<p>REPUBLIC OF RWANDA</p>  <p>NORTHERN PROVINCE RULINDO DISTRICT</p>	<p>RUTONGO HOSPITAL</p> <p>P.O.Box 1395 Kigali</p> <p>Call us: 0783386406 / 0781730987</p> <p>emails: info@rutongohospital.gov.rw</p>	
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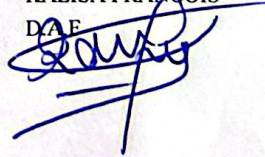
INVOICE OF RUTONGO MINES LTD MOUNTH OF JANUARY 2026

No	MOUNTH	ID	NOM ET	ACTES	Ticket	Total
			PRENOM			
1	17/10/2025- 08/01/2026	1199480055942098	XXX NSHIZIRUNGU	8852		8852
Total						8852

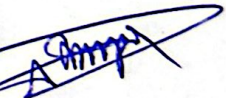
PREPARED BY
NYIRAHABIMANA Marie Grace
RECOVERY OFFICER



RECHECKED BY
KALISA FRANCOIS
DAE



APPROUVE PAR:
DR NTUBABOSE AIME PATRICK



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

Card: NONE/205029H2-3

Beneficiary Names: XXX
 NSHIZIRUNGU

DISEASE TYPE: Natural
 Disease
 Ambulant: Non

Sex: M

Date d'entree: 2026-01-07

Date de sortie: 2026-01-07

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

CATEGORY: 0

PHONE NO: 0782150858

CODE::

DISTRICT: Rulindo

SECTOR: CYINZUZI

CELL/VILLAGE:
 Budakiranya/Kavumu

PROVINCE: Northern

FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #205029H2-3300066 - 2026-01-07 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
1	2026-01-07	CONSUMMABLES						
7		Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
2	2026-01-07	Signes vitaux		1.00	200.00	200.00	0.00	200.00
						800.00	0.00	800.00
						800.00	0.00	800.00

Generated by:
 David NSHIMIYIMANA

Discharged by:
 Dr. M. YVERO YVETA
 Medical Doctor
 RUTONGO DISTRICT HOSPITAL

Beneficiary
 Names/Signature:

Insurance's Staff:

8852



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

Card: NONE/205029H2-3 Beneficiary Names: XXX DOB: 1994-01-01 DISEASE TYPE: Natural Disease
 NSHIZIRUNGU Ambulant: Qui
 Sex: M Date d'entree: 2025-12-22 Date de sortie: 2025-12-23
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CATEGORY: 0 PHONE NO: 0782150858
 CODE:::
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kavumu
 Province/Amajyaruguru
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #205029H2-3297860 - 2025-12-22 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2025-12-22	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-12-22	Imprimee (printing) other services		1.00	300.00	300.00	0.00	300.00
3	2025-12-22	Materiels pour Radiology		1.00	300.00	300.00	0.00	300.00
4	2025-12-22	REPOS MEDCAL		1.00	500.00	500.00	0.00	500.00
						1300.00	0.00	1300.00
						1300.00	0.00	1300.00

Generated by:
 David NSHIMIYIMANA

Discharge by (Doctor):



Beneficiary Names/Signature:

Insurance's Staff:

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RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

Card: NONE/205029H2-3 Beneficiary Names: XXX DOB: 1994-01-01 DISEASE TYPE: Natural Disease
 Sex: M Date d'entree: 2025-10-17 Date de sortie: 2025-12-22 Ambulant: Qui
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: 0782150858
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kavumu
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #205029H2-3288540 - 2025-10-17 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2025-10-17	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-10-17	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
3	2025-10-17	Materiels pour Radiology		1.00	300.00	300.00	0.00	300.00
4	2025-12-2	Signes viteaux		1.00	200.00	200.00	0.00	200.00
5	2025-12-2	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
						1900.00	0.00	1900.00
						1900.00	0.00	1900.00

Generated by:
David NSHIMIYIMANA

Discharge by (Doctor):
JOSEPH NSHIMIRO
Dr. MUGENZI
Medical Director
RUTONGO HOSPITAL

Beneficiary
Names/Signature:

Insurance's Staff:



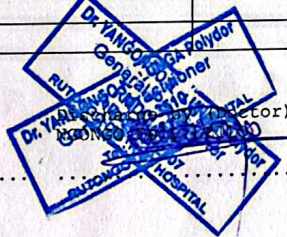
RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

Card: MUTUELLE (90%)/1199480055942098 Beneficiary Names: XXX DOB: 1994-01-01 DISEASE TYPE: Natural Disease
 Sex: M Date d'entree: 2025-10-17 Date de sortie: 2025-10-20 Ambulant: Qui
 NAME(S) OF HOUSEHOLD HEAD: nshizirungu FAMILY'S/AFFILIATION CODE:: 1199480055942098 CATEGORY: 2 PHONE NO: 0782150858
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kavumu
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1199480055942098288570 - 2025-10-17 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
CONSULTATION								
1	2025-10-17	Consultation by a general practioner-RHIC-CONS-013		1.00	1260.84	1260.84	1134.76	126.08
						1260.84	1134.76	126.08
MEDICAMENTS								
1	2025-10-17	Paracetamol 500 mg tab	1g tid 5/7	30.00	18.00	540.00	486.00	54.00
						540.00	486.00	54.00
IMAGING								
1	2025-10-17	X-ray of lumbar spine (AP& lateral)-RHIC-XRAY-086		1.00	1821.47	1821.47	1639.32	182.15
						1821.47	1639.32	182.15
						3622.31	3260.08	362.23

Generated by:
 David NSHIMIYIMANA



Beneficiary Names/Signature: *[Signature]*

Insurance's Staff:



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

Card: MUTUELLE (90%)/1199480055942098 Beneficiary Names: XXX DOB: 1994-01-01 DISEASE TYPE: Natural Disease
 Sex: M Date d'entree: 2025-12-22 Date de sortie: 2025-12-23 Ambulant: Qui
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: 1199480055942098 CATEGORY: 2 PHONE NO: 0782150858
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kavumu
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1199480055942098297859 - 2025-12-22 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
		CONSULTATION						
1	2025-12-22	Consultation by a general practioner-RHIC-CONS-013		1.00	1260.84	1260.84	1134.76	126.08
						1260.84	1134.76	126.08
		LABORATOIRE						
1	2025-12-22	FULL BLOOD COUNT -RLTC-HEMA-095		1.00	1500.00	1500.00	1350.00	150.00
2	2025-12-22	C-reactive protein (CRP)-RLTC-SERO-024		1.00	549.00	549.00	494.10	54.90
3	2025-12-22	AMYLASE-SERUM/URINE-RLTC-CHEM-025		1.00	2100.00	2100.00	1890.00	210.00
4	2025-12-22	ANTISTREPTOLYSINE O-RLTC-SERO-019		1.00	549.00	549.00	494.10	54.90
5	2025-12-22	CREATININE-RLTC-CHEM-073		1.00	1350.00	1350.00	1215.00	135.00
6	2025-12-22	SGOT - ASAT*-RLTC-CHEM-180		1.00	1097.00	1097.00	987.30	109.70
7	2025-12-22	SGPT -ALAT*-RLTC-CHEM-181		1.00	1097.00	1097.00	987.30	109.70
8	2025-12-22	TRIGLYCERIDES -RLTC-CHEM-203		1.00	1350.00	1350.00	1215.00	135.00
9	2025-12-22	TOTAL PROTEINS (SERUM/URIN/OTHER BODY FLUIDS)-RLTC-CHEM-200		1.00	1350.00	1350.00	1215.00	135.00
10	2025-12-22	TOTAL BILIRUBIN*-RLTC-CHEM-196		1.00	1097.00	1097.00	987.30	109.70
11	2025-12-22	DIRECT BILIRUBIN*-RLTC-CHEM-083		1.00	1097.00	1097.00	987.30	109.70
12	2025-12-22	GAMMA GT		1.00	1097.00	1097.00	987.30	109.70
13	2025-12-22	UREA-RLTC-CHEM-212		1.00	1350.00	1350.00	1215.00	135.00
14	2025-12-22	URIC ACID-RLTC-CHEM-214		1.00	1350.00	1350.00	1215.00	135.00
15	2025-12-22	GLUCOSE GEN 3-RLTC-CHEM-102		1.00	1013.00	1013.00	911.70	101.30
						17946.00	16151.40	1794.60
		MEDICAMENTS						
1	2025-12-23	Ascoril syrup 100ml	10ml td 5/7	1.00	2573.00	2573.00	2315.70	257.30
2	2025-12-23	Paracetamol 500 mg tab	1 tab td 5/7	15.00	17.00	255.00	229.50	25.50
						2828.00	2545.20	282.80
		IMAGING						
1	2025-12-22	X-ray of the chest (AP or PA)-RHIC-XRAY-067		1.00	1821.47	1821.47	1639.32	182.15
						1821.47	1639.32	182.15

1	2025-12-2	Adult blood sampling-RHIC-NURS-030	1.00	902.60	902.60	812.34	90.26
2					902.60	812.34	90.26
					24758.91	22283.02	2475.89

Generated by:
David NSHIMIXIMANA



Discipline: (Doctor):
M.D. (M.B.B.S) (M.Ch) (M.D.)

Dr. Nshimiximana
 Dr. Nshimiximana
 Dr. Nshimiximana
 Dr. Nshimiximana

Beneficiary
Names/Signature:



Insurance's Staff:



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

Card: MUTUELLE (90%)/1199480055942098 Beneficiary Names: XXX NSHIZIRUNGU DOB: 1994-01-01 DISEASE TYPE: Natural Disease
 Sex: M Date d'entree: 2026-01-07 Date de sortie: 2026-01-08 Ambulant: Qui
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: 1199480055942098 CATEGORY: 2 PHONE NO: 0782150858
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kavumu
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1199480055942098300114 - 2026-01-07 Patient ID: 205029H2-3

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
		CONSULTATION						
1	2026-01-07	Consultation by a general practioner-RHIC-CONS-013		1.00	1260.84	1260.84	1134.76	126.08
						1260.84	1134.76	126.08
		LABORATOIRE						
1	2026-01-07	FULL BLOOD COUNT -RLTC-HEMA-095		1.00	1500.00	1500.00	1350.00	150.00
2	2026-01-07	UREA-RLTC-CHEM-212		1.00	1350.00	1350.00	1215.00	135.00
3	2026-01-07	CREATININE-RLTC-CHEM-073		1.00	1350.00	1350.00	1215.00	135.00
4	2026-01-07	ANTISTREPTOLYSINE O-RLTC-SERO-019		1.00	549.00	549.00	494.10	54.90
5	2026-01-07	C-reactive protein (CRP)-RLTC-SERO-024		1.00	549.00	549.00	494.10	54.90
6	2026-01-07	K + (POTASSIUM)-RLTC-CHEM-123		1.00	1500.00	1500.00	1350.00	150.00
7	2026-01-07	NA + (SODIUM)-RLTC-CHEM-143		1.00	1500.00	1500.00	1350.00	150.00
8	2026-01-07	CL - (CHLORURE)-RLTC-CHEM-064		1.00	1500.00	1500.00	1350.00	150.00
9	2026-01-07	TOTAL BILIRUBIN*-RLTC-CHEM-196		1.00	1097.00	1097.00	987.30	109.70
10	2026-01-07	TOTAL PROTEINS (SERUM/URIN/OTHER BODY FLUIDS)-RLTC-CHEM-200		1.00	1350.00	1350.00	1215.00	135.00
11	2026-01-07	DIRECT BILIRUBIN*-RLTC-CHEM-083		1.00	1097.00	1097.00	987.30	109.70
12	2026-01-07	TRIGLYCERIDES.-RLTC-CHEM-203		1.00	1350.00	1350.00	1215.00	135.00
13	2026-01-07	Qualitative dipstick albumin/protein-RLTC-CHEM-017		1.00	379.00	379.00	341.10	37.90
14	2026-01-07	Qualitative dipstick glucose-RLTC-CHEM-015		1.00	379.00	379.00	341.10	37.90
15	2026-01-07	Gram stain-RLTC-BACT-008		1.00	422.00	422.00	379.80	42.20
						15872.00	14284.80	1587.20
		IMAGING						
16	2026-01-08	X-ray of the chest (AP or PA)-RHIC-XRAY-067		1.00	1821.47	1821.47	1639.32	182.15
						1821.47	1639.32	182.15
		ACTS						
17	2026-01-07	Adult blood sampling-RHIC-NURS-030		1.00	902.60	902.60	812.34	90.26
						902.60	812.34	90.26
						19856.91	17871.22	1985.69

Generated by:
DAVID NISHIMUYIMANA



Discharge by Inspector:
JERSON MUKUNDA



Secretary
Name/Signature:



Insurance's State:



RUTONGHO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutonghohospital@moh.gov.rw

Card: MUTUELLE (90%)/1199480055942098
 Beneficiary Names: XXX NSHIZIRUNGU
 Sex: M
 NAME(S) OF HOUSEHOLD HEAD: nshizirungu
 PROVINCE: Northern Province/Amajyaruguru
 DIFFERENTIAL DIAGNOSIS:

DOB: 1994-01-01
 Date d'entree: 2026-01-08
 FAMILY'S/AFFILIATION CODE: 1199480055942098
 DISTRICT: Rutindo
 FINAL DIAGNOSIS:

DISEASE TYPE: Natural Disease
 Ambulant: Qui
 Date de sortie: 2026-01-15
 CATEGORY: 2
 SECTOR: CYINEZI
 PHONE NO: 0782150858
 CELL/VILLAGE: Budakiranya/Kavumu

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1199480055942098300362 - 2026-01-08 Patient ID: 205029H2-3

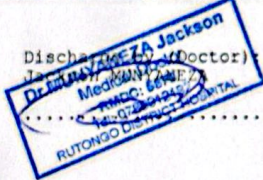
#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
		MEDICAMENTS						
1	2026-01-08	Doxycycline 100 mg tab	100MG BD 5DAYS	10.00	28.00	280.00	252.00	28.00
						280.00	252.00	28.00
						280.00	252.00	28.00

Generated by:
 David NSHIMIYIMANA

Discharge Doctor:
 Dr. EMBAYEZA Jackson

Beneficiary
 Names/Signature:

Insurance's Staff:



TRINITY
ESTABLISHED
 RUTONGO MINES

205029HQ-3

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: NSHITIRUNGU

Age: 31

Site: KARAMBO

Sex: M

Title: NINE ASSISTANT

Insurance N°: MUTUELLE

ID: M99W80055942098

EID: 1002010

Phone: 0795338062

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
<u>17/10 2025</u>	<u>FABIEN</u>	<u>RUTONGO DH</u>	<u>NIKERE CURISTINE</u> <i>[Signature]</i>

