

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRI: RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD IN :FEB/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) :

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

for all medical care given to its affiliates.

Feb-26

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

At bank of kigali (BK)

Done at Ngoma 12/02/2026
NTIHABOSE AIME PATRICK
DIRECTOR GENERAL



Amount approved after reconciliation

(In figures) :

(In words):
.....

Date & Signature :

Names

Post:

BLIC OF RWANDA



TERN PROVINCE
INDO DISTRICT

RUTONGO HOSPITAL

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

emails: info@rutongohospital.gov.rw



INVOICE OF RUTONGO MINES LTD MOUNTH OF FEBRUARY 2026

No	MOUNTH	NO CARTE	NOM ET PRENOM MALADE	ACTES 100%	Ticket moderate	Montant total
Total						7517

PREPARED BY
NYIRAHABIMANA Marie Grace
RECOVERY OFFICER

RECHECKED BY
KALISA FRANCOIS
D.A.F

APPROUVE PAR:
DR NTIHABOSE AIME PATRICK
DG





RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

Card: MUTUELLE (90%)/1199080127970007
 Sex: M
 NAME(S) OF HOUSEHOLD HEAD: Jean D'Amour HABARWASHA
 PROVINCE: Northern Province/Amajyaruguru
 DIFFERENTIAL DIAGNOSIS:

Beneficiary Names: JEAN DAMOUR HABARWASHA
 Date d'entree: 2026-02-10
 FAMILY'S/AFFILIATION CODE:: 1199080127970007
 DISTRICT: Rulindo
 FINAL DIAGNOSIS:

DOB: 1990-01-01
 Date de sortie: 2026-02-10
 CATEGORY: 0
 SECTOR: CYINZUZI
 DISEASE TYPE: Natural Disease
 Ambulant: Non
 PHONE NO: 0792638331
 CELL/VILLAGE: Budakiranya/Kamatongo

FACTURE DES PRESTATIONS DE SOINS DE SANTE #1199080127970007304991 - 2026-02-10 Patient ID: 20505HM7-0

#	Date	Service	Dosage	Qty	UP	100%	90.0%	10.0%
		CONSULTATION						
1	2026-02-10	Consultation by a general practitioner-RHIC-CONS-013	null	1.00	1260.84	1260.84	1134.76	126.08
2	2026-02-10	Consultation by a general practitioner-RHIC-CONS-013	null	1.00	1260.84	1260.84	1134.76	126.08
3	2026-02-11	Ward visit by GP-RHIC-CONS-002	null	1.00	701.81	701.81	631.63	70.18
						3223.49	2901.14	322.35
		HOSPITALISATION						
1	2026-02-10	Hospital ward (more than 4 beds)-RHIC-HOSP-007	null	1.00	1000.00	1000.00	900.00	100.00
2	2026-02-11	Hospital ward (more than 4 beds)-RHIC-HOSP-007	null	1.00	1000.00	1000.00	900.00	100.00
						2000.00	1800.00	200.00
		LABORATOIRE						
1	2026-02-10	CREATININE-RLTC-CHEM-073	null	1.00	1350.00	1350.00	1215.00	135.00
2	2026-02-10	SGOT - ASAT*-RLTC-CHEM-180	null	1.00	1097.00	1097.00	987.30	109.70
3	2026-02-10	ANTISTREPTOLYSINE O-RLTC-SERO-019	null	1.00	549.00	549.00	494.10	54.90
4	2026-02-10	DIRECT BILIRUBIN*-RLTC-CHEM-083	null	1.00	1097.00	1097.00	987.30	109.70
5	2026-02-10	TRIGLYCERIDES -RLTC-CHEM-203	null	1.00	1350.00	1350.00	1215.00	135.00
6	2026-02-10	GLUCOSE GEN 3-RLTC-CHEM-102	null	1.00	1013.00	1013.00	911.70	101.30
7	2026-02-10	TOTAL PROTEINS (SERUM/URIN/OTHER BODY FLUIDS)-RLTC-CHEM-200	null	1.00	1350.00	1350.00	1215.00	135.00
8	2026-02-10	SGPT -ALAT*-RLTC-CHEM-181	null	1.00	1097.00	1097.00	987.30	109.70
9	2026-02-10	URIC ACID-RLTC-CHEM-214	null	1.00	1350.00	1350.00	1215.00	135.00
1	2026-02-10	UREA-RLTC-CHEM-212	null	1.00	1350.00	1350.00	1215.00	135.00
1	2026-02-10	FULL BLOOD COUNT -RLTC-HEMA-095	null	1.00	1500.00	1500.00	1350.00	150.00
1	2026-02-10	TOTAL BILIRUBIN*-RLTC-CHEM-196	null	1.00	1097.00	1097.00	987.30	109.70
1	2026-02-10	C-reactive protein (CRP)-RLTC-SERO-024	null	1.00	549.00	549.00	494.10	54.90
						14749.00	13274.10	1474.90
		MEDICAMENTS						
1	2026-02-10	Sodium Chloride (Normale saline) 0.9% 500 ml		1.00	662.00	662.00	595.80	66.20
2	2026-02-10	Paracetamol 500 mg tab	1G TDS 5/7	30.00	17.00	510.00	459.00	51.00

-12608

3	2026-02-10	Ibuprofen 400 mg tab	400mg tds 5/7	15.00	22.00	330.00	297.00	33.00
4	2026-02-10	Sodium Chloride (Normale saline) 0.9% 500 ml	1.5l/12hrs	2.00	662.00	1324.00	1191.60	132.40
						2826.00	2543.40	282.60
		IMAGING						
1	2026-02-10	X-ray of the thoracic spine (AP & lateral)-RHIC-XRAY-034		1.00	1821.47	1821.47	1639.32	182.15
2	2026-02-10	X-ray of lumbosacral spine (AP&lateral)-RHIC-XRAY-082		1.00	1821.47	1821.47	1639.32	182.15
						3642.94	3278.65	364.29
		ACTS						
1	2026-02-10	Admnistration of Medication (IV, IM, SC, IR, ID) - Adult-RHIC-NURS-017		1.00	791.46	791.46	712.31	79.15
						791.46	712.31	79.15
						27232.89	24509.60	2723.29

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David NSHIMIYIMANA

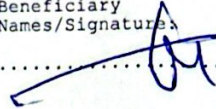
Director (Doctor):
MIZERO Yvette

Beneficiary
Names/Signatures:

Insurance's Staff:



Dr. MIZERO Yvette
Director of Health Services
MIZERO Yvette
MIZERO Yvette





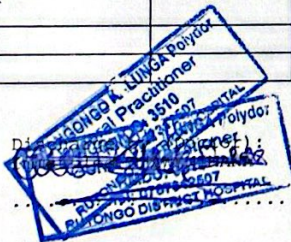
RUTONGO HOSPITAL
 P.O. BOX 1395 KIGALI
 rutongohospital@moh.gov.rw

Card: NONE/20505HM7-0 Beneficiary Names: JEAN DAMOUR HABARWASHA DOB: 1990-01-01 DISEASE TYPE: Default Disease Type Ambulant: Qui
 Sex: M Date d'entree: 2026-02-10 Date de sortie: 2026-02-11
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0792638331
 PROVINCE: Northern Province/Amajyaruguru DISTRICT: Rulindo SECTOR: CYINZUZI CELL/VILLAGE: Budakiranya/Kamatongo
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20505HM7-0304990 - 2026-02-10 Patient ID: 20505HM7-0

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2026-02-10	Signes viteaux		2.00	200.00	400.00	0.00	400.00
2	2026-02-10	IMPRIMERIE (PRINTING) EMERGENCY & MATERNITY		2.00	600.00	1200.00	0.00	1200.00
3	2026-02-10	Cotton (Ouate)		3.00	50.00	150.00	0.00	150.00
4	2026-02-10	Alcool denature 100ml		2.00	200.00	400.00	0.00	400.00
5	2026-02-10	Sparadrap perfore		6.00	20.00	120.00	0.00	120.00
6	2026-02-11	Alcool denature 100ml		5.00	200.00	1000.00	0.00	1000.00
7	2026-02-11	Cotton (Ouate)		5.00	50.00	250.00	0.00	250.00
8	2026-02-11	IMPRIMERIE (PRINTING) EMERGENCY & MATERNITY		2.00	600.00	1200.00	0.00	1200.00
9	2026-02-11	Signes viteaux		1.00	200.00	200.00	0.00	200.00
						4920.00	0.00	4920.00
						4920.00	0.00	4920.00

Generated by:
 David NSHIMIYIMANA



Beneficiary Names/Signature:

Insurance's Staff:

4920 + 2723.29 - 126.00 = 7517.29

TRINITY

WITONGO MINES

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

202054177-0

Names: Hobaruwaho Team Bameur
 Site: Kavumbw
 Title: Mine Assis
 ID: 1199060127970007
 EID:
 Phone: 078 26 38 331

Age: 26
 Sex: M
 Insurance N°: Mutuelle

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
14/04/2026	Rils & Sandy <i>[Signature]</i>	Rutongo Hospital	Erneste <i>[Signature]</i>

HEALTH & SAFETY
 Department
 WITONGO MINES
 LIMITED