

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

17,575	
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(In words) Seven thousand five hundred and seventeen Rwandan francs only

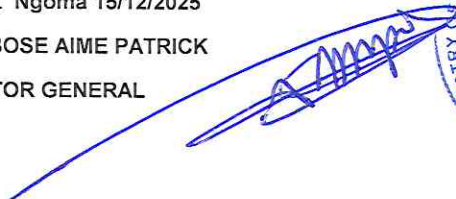
for all medical care given to its affiliates.

Nov-25

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

At bank of kigali (BK)

Done at Ngoma 15/12/2025
NTIHABOSE AIME PATRICK
DIRECTOR GENERAL



Amount approved after reconciliation

(In figures) :

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(In words):
.....

Date & Signature :

Names

Post:

REPUBLIC OF RWANDA



NORTHERN PROVINCE
RULINDO DISTRICT

RUTONGO HOSPITAL

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

emails: info@rutongohospital.gov.rw



INVOICE OF RUTONGO MINES LTD MOUNTH OF NOVEMBER 2025

No	MOUNTH	ID	NOM ET	ACTES	Ticket	Total
1	14/11/2025	1200280034621067	PRENOM XXX HAKORIMANA	100% 17575	moderate	17575
Total						17575

PREPARED BY
NYIRAHABIMANA Marie Grace
RECOVERY OFFICER

RECHECKED BY
KALISA FRANCOIS
D.ANY

APPROUVE PAR:
DR NTHABOSE AIME PATRICK
DG





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

Card: NONE/20505AYC-P Beneficiary Names: XXX DOB: 2002-01-01 DISEASE TYPE: Natural Disease
 HAKORIMANA Ambulant: Qui
 Sex: M Date d'entree: 2025-11-14 Date de sortie: 2025-12-01
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CATEGORY: 0 PHONE NO: 0786752718
 null CODE:: null
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MURAMBI CELL/VILLAGE: Mvuzo/Kabuga
 Province/Amajyaruguru
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20505AYC-P292470 - 2025-11-14 Patient ID: 20505AYC-P

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2025-11-14	Consultation by a general practitioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
2	2025-12-01	Consultation by a general practitioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						8673.64	0.00	8673.64
CONSOMMABLES								
1	2025-11-14	Signes viteaux		1.00	200.00	200.00	0.00	200.00
2	2025-11-14	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
3	2025-12-01	External transfer form		1.00	200.00	200.00	0.00	200.00
						1000.00	0.00	1000.00
IMAGING								
1	2025-11-14	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
						17575.09	0.00	17575.09

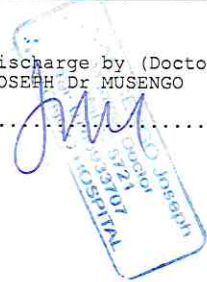
Generated by:
 David NSHIMIYIMANA

Discharge by (Doctor):
 JOSEPH Dr MUSENGO

Beneficiary
 Names/Signature:

Insurance's Staff:

[Handwritten signature]



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20505AYC-P

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Name: HAKORIMANA
Site: MASORO
Title: MINE ASSISTANT
ID:
EID: 1002181
Phone: 078 6752718

Age: 23
Sex: F
Insurance N°: MUTUELLE

Left date	Supervisor's Name+sign.	Name of Hospital	Doctor / Nurse's Name+sign.+stamp
29/11 2025	SOLANGE KAVILA 	RUTONGO HOSPITAL	NIREKE CHRISTI 

HEALTH & SAFETY
Department
RUYONGOMINE
LIMITED



REPUBLIKA YU RWANDA
REPUBLIC OF RWANDA



INDANGAMUNTU
NATIONAL IDENTITY CARD

Amazina / Names
HAKOLIMANA

Itariki yavutseho / Date of Birth
01/01/2002

Igitsina / Sex Aho Yatangiye / Place of Issue
Gabo / M Rulindo / MURAMBI

Umukono wa Nyirayo / Signature
X X X

Indangamuntu / National ID No. **1 2002 8 0034621 0 67**