

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT : RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD INVOICE : RUTHOSP/2024
TIN : 101515092

cl

Rwanda
20 AUG 2024
Finance Department
AUTHORIZED FOR ISSUE

T O T A L B I L L

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

436,195

Four hundred thirty six thousand one hundred ninety five rwandan francs only

for all medical care given to its affiliates.

JULY 2024

This amount will be put into account number 00040-00206923-55
At bank of kigali (BK)

Done at Ngoma 15/08/2024
Dr NTIHABOSE AIME PATRICK
DIRECTOR GENERAL





Amount approved after reconciliation

(In figures):

(In words):

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Date & Signature:

Names

Post


Rwanda
20 AUG 2024
Finance Department
AUTHORIZED FOR ISSUE

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[Handwritten signature]



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REPUBLIC OF RWANDA



SOUTHERN PROVINCE
RUTONGO DISTRICT

RUTONGO HOSPITAL

P.O.Box 1395 Kigali

Call us: 0783386406 / 0781730987

emails: info@rutongohospital.gov.rw



INVOICE OF RUTONGO MINES LTD MOUNTH OF JULY 2024

No	MOUNTH	NO CARTE	NOM ET PRENOM MALADE	ACTES	Ticket moderate	Montant total
1	02/07/2024- 31/07/2024	1197180049260069	FAUSTIN HATEGEKIMANA	100% 436195		436195
Total						436195

PREPARED BY
NYIRAHABIMANA Marie Grace
RECOVERY OFFICER

RECHECKED BY
KALISA FRANCOIS
D.A.F

APPROUVE PAR:
DR NTHABOSE AIME PATRICK
DG



RUTONGO HOSPITAL

P.O. BOX 1395 KIGALI

rutongohospital@moh.gov.rw

DISEASE TYPE: Natural
Disease

Card: NONE/20503X5A-K

Beneficiary Names: FAUSTIN DOB: 1971-01-01
HATEGEKIMANA

Ambulant: Qui

Sex: M

Date d'entree: 2024-07-02 Date de sortie: 2024-07-31

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

CATEGORY: 0

PHONE NO: 0780665594

PROVINCE: Northern
Province/Amajyaruguru

DISTRICT: Rulindo

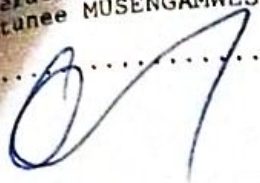
SECTOR: MASORO

CELL/VILLAGE:
Kigarama/Gacyamo**FACTURE DES PRESTATIONS DE SOINS DE SANTE #20503X5A-K227970 - 2024-07-02 Patient ID: 20503X5A-K**

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
		CONSOMMABLES						
1	2024-07-02	Gant d'examen non stérile N° 7,5	ACTES	10.00	49.00	490.00	0.00	490.00
2	2024-07-05	Gant d'examen non stérile N° 7,5	July 2024	10.00	49.00	490.00	0.00	490.00
3	2024-07-12	Bande elastique (crepe bandage) 15x4	/acte	2.00	288.00	576.00	0.00	576.00
4	2024-07-12	Gant d'examen non stérile N° 7,5	July 2024	10.00	49.00	490.00	0.00	490.00
5	2024-07-19	Gant d'examen non stérile N° 7,5	July 2024	10.00	49.00	490.00	0.00	490.00
6	2024-07-19	Emballage médicament en plastic	/acte	1.00	6.00	6.00	0.00	6.00
7	2024-07-23	Bistouri (Surgical blade) no 22	/acte	1.00	44.00	44.00	0.00	44.00
8	2024-07-23	Gant d'examen non stérile N° 7,5	July 2024	10.00	49.00	490.00	0.00	490.00
9	2024-07-29	Gant d'examen non stérile N° 7,5	July/ 2024	10.00	49.00	490.00	0.00	490.00
						3566.00	0.00	3566.00
		MEDICAMENTS						
1	2024-07-02	Pommade Camphree 10% 50 gr	1 app/jr	1.00	900.00	900.00	0.00	900.00
2	2024-07-05	Pommade Camphree 10% 50 gr	July 2024	2.00	900.00	1800.00	0.00	1800.00
3	2024-07-12	Pommade Camphree 10% 50 gr	July 2024	2.00	900.00	1800.00	0.00	1800.00
4	2024-07-19	Pommade Camphree 10% 50 gr	July/ 2024	2.00	900.00	1800.00	0.00	1800.00
5	2024-07-19	Ibuprofene 200 mg tab	1-1-1 3/7 jrs	10.00	8.00	80.00	0.00	80.00
6	2024-07-23	Pommade Camphree 10% 50 gr	July 2024	2.00	900.00	1800.00	0.00	1800.00
7	2024-07-29	Pommade Camphree 10% 50 gr	July 2024	3.00	900.00	2700.00	0.00	2700.00
						10880.00	0.00	10880.00
		ACTS						
1	2024-07-02	Ultra Sons (U.S)	1 session/day	3.00	4140.00	12420.00	0.00	12420.00
2	2024-07-02	TENS	1 session/day	3.00	3105.00	9315.00	0.00	9315.00
3	2024-07-02	Membre - Limb	1 session/day	3.00	1553.00	4659.00	0.00	4659.00
4	2024-07-02	Plus d'une articulation	1 session/day	3.00	2070.00	6210.00	0.00	6210.00
5	2024-07-02	Cryotherapie/Cryotherapy	1 session/day	3.00	2070.00	6210.00	0.00	6210.00
6	2024-07-02	Exercices thérapeutiques	1 session/day	3.00	2070.00	6210.00	0.00	6210.00

07-	Kiné A0	1 SESSION/2 WEEKS	1.00	3105.00	3105.00	0.00	3105.00
24-07-5	Exercices thérapeutiques	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-05	1 articulation/1 Joint	1 session/day	5.00	1242.00	6210.00	0.00	6210.00
2024-07-05	Membre - Limb	1 session/day	5.00	1553.00	7765.00	0.00	7765.00
2024-07-05	TENS	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-05	Cryotherapie/Cryotherapy	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-12	Kiné A0	1 SESSION/2 WEEKS	1.00	3105.00	3105.00	0.00	3105.00
2024-07-12	Exercices thérapeutiques	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-12	Plus d'un membre	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-12	Plus d'une articulation	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-12	TENS	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-12	Cryotherapie/Cryotherapy	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-19	Kiné A0	1 SESSION/2 WEEKS	1.00	3105.00	3105.00	0.00	3105.00
2024-07-19	Exercices thérapeutiques	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-19	Plus d'une articulation	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-19	Plus d'un membre	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-19	TENS	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-19	Ultra Sons (U.S)	1 session/day	5.00	4140.00	20700.00	0.00	20700.00
2024-07-19	Cryotherapie/Cryotherapy	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-23	Kiné A0	1 SESSION/2 WEEKS	1.00	3105.00	3105.00	0.00	3105.00
2024-07-23	Exercices thérapeutiques	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-23	Plus d'un membre	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-23	Plus d'une articulation	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-23	TENS	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-23	Ultra Sons (U.S)	1 session/day	5.00	4140.00	20700.00	0.00	20700.00
2024-07-23	Cryotherapie/Cryotherapy	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-29	Kiné A0	1 session/2 weeks	1.00	3105.00	3105.00	0.00	3105.00
2024-07-29	Plus d'un membre	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-29	Plus d'une articulation	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-29	Exercices thérapeutiques	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
2024-07-29	TENS	1 session/day	5.00	3105.00	15525.00	0.00	15525.00
2024-07-29	Ultra Sons (U.S)	1 session/day	5.00	4140.00	20700.00	0.00	20700.00
2024-07-29	Cryotherapie/Cryotherapy	1 session/day	5.00	2070.00	10350.00	0.00	10350.00
					421249.00	0.00	421249.00
	AUTRES						
2024-07-31	Repos Medicale	actes	1.00	500.00	500.00	0.00	500.00
2024-07-31	Repos Medicale		1.00	500.00	500.00	0.00	500.00
					1000.00	0.00	1000.00
					436695.00	0.00	436695.00

erated by:
rtunee MUSENGAMWESE

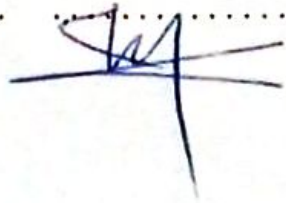


Discharge by (Doctor):
Jean Marie UWURUKUNDU




Dr. UWURUKUNDU
RMBL 4076
TEL: 0788966760
RUTONGO HOSPITAL

Beneficiary
Names/Signature:



Insurance's Staff:

.....

UNITY
2144
MILWAUKEE WIS

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Age:

Sex:

Insurance N^o:

Name:

Site:

Title:

ID:

ED:

Phone:

Left date	Supervisor's Name+sign.	Name of Hospital	Doctor / Nurse's Name+sign.+stamp
6/03/2024			

HEALTH & SAFETY
Department
[Signature]
MILWAUKEE