

PROVINCE / MVK : NORTH
ADMINISTRATIVE DISTRICT : RULINDO
HEALTH FACILITY : RUTONGO HOSPITAL
RUTONGO MINES LTD INVOICE NO: :02/RUTHOSP/2026
TIN :101515092



T O T A L B I L L

RUTONGO MINES LIMITED has to pay

to RUTONGO HOSPITAL the sum of

(In figures) :

45,950	
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(In words):Forty-five thousand nine hundred fifty rwandan francs

For all medical care given to its patient

FEBRUARY,2026

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

At bank of kigali (BK)

Done at Ngoma 18/03/2026
Dr 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 FEBRUARY 2026

No	MOUNTH	ID	NOM ET	ACTES	Ticket	Total	
						moderate	Amounts
1	20/02/2026	1196080050105077	MPANGAZA DAMIEN	100%		8852.82	8852.82
2	25/02/2026	1199080038949101	NSENGIYUMVA PHOCAS	37097.1		37097.1	37097.1
Total							45949.92

PREPARED BY
NYIRAHABIMANA Marie Grace
RECOVERY OFFICER

RECHECKED BY
KALISA FRANCOIS
D.A.E.

APPROUVE PAR:
DR NTIHABOSE AIME PATRICK
DG







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

Card: NONE/282006NJ-J Beneficiary Names: Damien DOB: 1960-04-11 DISEASE TYPE: Natural Disease
 MPANGAZA Ambulant: Qui
 Sex: M Date d'entree: 2018-10-11 Date de sortie: 2026-03-09
 NAME(S) OF HOUSEHOLD HEAD: FAMILY'S/AFFILIATION CODE:: CATEGORY: 0 PHONE NO: null
 PROVINCE: Northern DISTRICT: Rulindo SECTOR: MURAMBI CELL/VILLAGE: Mugambazi/Gahama
 DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #282006NJ-J7266 - 2018-10-11 Patient ID: 282006NJ-J

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2026-02-20	Consultation by a general practioner-RHIC-CONS-013	null	1.00	4336.82	4336.82	0.00	4336.82
2	2026-02-20	Consultation by a general practioner-RHIC-CONS-013		1.00	4336.82	4336.82	0.00	4336.82
						8673.64	0.00	8673.64
CONSOMMABLES								
1	2026-02-20	Imprimee (printing) other services		2.00	300.00	600.00	0.00	600.00
2	2026-02-20	Signes viteaux		1.00	200.00	200.00	0.00	200.00
3	2026-02-20	Emballage medicament en plastic		1.00	0.00	0.00	0.00	0.00
4	2026-02-20	REPOS MEDCAL		1.00	500.00	500.00	0.00	500.00
						1300.00	0.00	1300.00
MEDICAMENTS								
1	2026-02-20	Amoxicillin 500mg	1 TAB TD 5/7	15.00	68.00	1020.00	0.00	1020.00
2	2026-02-20	Chlorpheniramine 4 mg tab	1 TAB BD 5/7	10.00	3.00	30.00	0.00	30.00
3	2026-02-20	Ascoril Syrup	10ML TD 5/7	1.00	1966.00	1966.00	0.00	1966.00
						3016.00	0.00	3016.00
AUTRES								
1	2018-10-11	Fiche de consultation		2.00	100.00	200.00	0.00	200.00
						200.00	0.00	200.00
						13189.64	0.00	13189.64

Generated by:
 David NSHIMIYIMANA

Discharge by (Doctor):
 JOSEPH DE MUSENGO

Beneficiary
 Names/Signature:


Insurance's Staff:

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: MPANGAZA DAMIEN
Site: NYAMUYUMBA
Title: MINE ASSISTANT
ID: 1196080050/105077
EID: 1002677
Phone: 0786228438

Age: 66
Sex: M
Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
<u>2012</u> 2026	Desire id	RUTONGOH	DR. NIRERE 

HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED



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

DISEASE TYPE: Default
 Disease Type
 Ambulant: Qui
 CELL/VILLAGE:
 Gatare/Rugunga

Card: NONE/20505J7X-1 Beneficiary Names: Nsengiyumva Phocas DOB: 2026-02-25
 Sex: M Date d'entree: 2026-02-25 Date de sortie: 2026-02-25
 NAME(S) OF HOUSEHOLD HEAD: null FAMILY'S/AFFILIATION CODE:: null CATEGORY: 0 PHONE NO: 0785788915
 PROVINCE: Kigali Province DISTRICT: Kicukiro SECTOR: Niboye

DIFFERENTIAL DIAGNOSIS: FINAL DIAGNOSIS:

FACTURE DES PRESTATIONS DE SOINS DE SANTE #20505J7X-1306719 - 2026-02-25 Patient ID: 20505J7X-1

#	Date	Service	Dosage	Qty	UP	100%	0.0%	100.0%
CONSULTATION								
1	2026-02-25	Consultation by a general practioner-RHIC-CONS-013	null	1.00	4336.82	4336.82	0.00	4336.82
2	2026-02-25	Consultation paramedical A1-RHIC-CONS-006	null	1.00	2862.00	2862.00	0.00	2862.00
						7198.82	0.00	7198.82
CONSOMMABLES								
1	2026-02-25	Gant d'examen non stérile N° 7,5		6.00	0.00	0.00	0.00	0.00
2	2026-02-25	Gant Sterile n0 7.5		1.00	0.00	0.00	0.00	0.00
3	2026-02-25	Bande elastique (crepe)10x4		2.00	0.00	0.00	0.00	0.00
4	2026-02-25	Compresse (gauze)		15.00	50.00	750.00	0.00	750.00
5	2026-02-25	Rendez Vous form		1.00	200.00	200.00	0.00	200.00
6	2026-02-25	REPOS MEDCAL		1.00	500.00	500.00	0.00	500.00
						1450.00	0.00	1450.00
MEDICAMENTS								
1	2026-02-25	Paracetamol 500 mg tab	3x500mg/j/5j	15.00	17.00	255.00	0.00	255.00
2	2026-02-25	Cloxacillin 250 mg tab	3x500mg /j/5j	42.00	43.00	1806.00	0.00	1806.00
3	2026-02-25	Ibuprofen 400 mg tab	3x500mgjj/5j	15.00	22.00	330.00	0.00	330.00
4	2026-02-25	Sodium Chloride (Normale saline) 0.9% 500 ml	washout	1.00	1414.00	1414.00	0.00	1414.00
5	2026-02-25	Silver Sulfadiazine 1% Cream		1.00	3574.00	3574.00	0.00	3574.00
6	2026-02-25	Ciprofloxacin 3% Collyre	4x1gt/j/7jrs	1.00	2072.00	2072.00	0.00	2072.00
7	2026-02-25	Tetracycline 1% eye Ointment	1x1app/7jrs	1.00	467.00	467.00	0.00	467.00
						9918.00	0.00	9918.00
ACTS								
1	2026-02-25	Simple wound dressing-RHIC-MINS-004		1.00	4695.43	4695.43	0.00	4695.43
2	2026-02-25	Fluorescein staining test-RHIC-OPHTH-033	null	1.00	13834.85	13834.85	0.00	13834.85
						18530.28	0.00	18530.28
						37097.10	0.00	37097.10

Generated by:
David NSHIMIIMANA

Discharge by (Doctor):



Beneficiary
Names/Signature:

Insurance's Staff:

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2050557X-1

HEALTH AND SAFETY DEPARTMENT

EXIT TICKET FOR TREATMENT

Names: Nseung yumblo phawos
Site: plant
Title: Electrician
ID: 1199080038949161
EID:
Phone: 0785788915

Age: 36
Sex: M
Insurance N°:

Left date	Supervisor's Names+sign.	Name of Hospital	Doctor / Nurse's Names+sign.+stamp
24/2 2026	Pos col no. [Signature]	Rutongo Hospital	Paramesh Nurse Ernest [Signature]

HEALTH & SAFETY
Department
RUTONGO MINES
LIMITED