

## RWANDA SOCIAL SECURITY BOARD (RSSB)

Community Based Health Insurance (CBHI)

Tel: 4044

HEALTH CARE INVOICE/FACTURE POUR SOINS DE SANTE No 397

## I. HEALTH FACILITY INFORMATION/INFORMATION SUR LA FORMATION SANITAIRE:

Health facility name/Nom de la formation sanitaire: CENTRE DE SANTE MUGERA  
 District name/Nom du District: NYAMASHEKE DISTRICT ID Number: 1191580000169093  
 Type of health facility/Type de formation sanitaire: HV/CS  HP/PS

## II. PATIENT INFORMATION/INFORMATION SUR LE PATIENT

Name Head of the Household/Nom du chef de menage: NTAMBARA NICOLAS ID No: 1191580000169093

Application Number (if no ID):

Beneficiary name/Nom du beneficiarie: TUYUBAHE GIRAMATA FOINA D Number(If exists):

Catchment area/ Zone de rayonnement: Z  HZ  HD  Telephone number/Numero de telephone: .....Sex/Sexe: Male  Female  Ubudehe category/Categorie Ubudehe(1,2,3 or 4): 1Age: 2019 Prisoner/Prisonnier: YES  NO 

## III. DETAILS OF MEDICAL CARE RECEIVED/:DETAILS DES SOINS RECUS

Type of medical visit/ Type de visite medicale: Outpatient. Ambulatoire Inpatient/Hospitalisation 

Disease episode/Episode de la maladie:

New case/ Nouveaux cas  Occupational disease/Maladie professionnelle Road traffic accident. Accident de la circulation Work accident/Accident de travail Other/Autre 

DIAGNOSIS/DIAGNOSTIC Diagnostique Fiona

	Description	QTY /day	Unit cost /day	Total
Laboratory tests/Examens de laboratoire	Consultation	300		
	1 ALBUMINURIE ASSUR PRIV, SOCI COMM, AUTRES	1	680	680
	2 ALBUMINURIE SANS COUV PR ASSUR VALABLE	1	815	815
	3 CRACHAT BK MMII, MUT UNIV, INST SUP	1	2300	2300
	4 CRACHAT BK SANS COUV PR ASSUR VALABLE	1	3450	3450
	5 SELLES SANS COUV PR ASSUR VALABLE	1	699	699
	6 TB SPUTUM SMEAR SANS COUV PR ASSUR VALABLE	1	1000	1000
	7 UREE SANS COUV PR ASSUR VALABLE	1	2329	2329

Hospitalization/Hospitalisation From/Du To/Au

Medicines/Medicaments/Form/Forme &amp; dosage):

Ambulance Date:

Other/Autre(to specify/a specifier):

Total amount billed/Montant total facture(100%)	11,573.0Rwf
Patient contribution/Ticket maoderateur(200 Rwf/0 Rwf)	0.0Rwf
Amount to be paid by RSSB-CBHI/Montant a payer par RSSB-CBHI	11,573.0Rwf

DATE: 06/02/2020

Beneficiary name&amp; signature/Nom et signature du beneficiarie: TUYUBAHE GIRAMATA FOINA

Health facility Stamp/Cachet du CS/PS

Nurse name &amp; signature/ Nom et signature infirmier(ere)traitant: KAKUZE Josephine

Approval of CBHI Verification agent/Approbation du Verificateur Stamp/Cachet