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1278

RWANDA SOCIAL SECURITY BOARD (RSSB)
Community Based Health Insurance (CBHI)
Tel: 4044

HEALTH CARE INVOICE/FACTURE POUR SOINS DE SANTE N° 1278

I. HEALTH FACILITY INFORMATION/INFORMATION SUR LA FORMATION SANITAIRE

Health facility name/Nom de la formation sanitaire: Kigali

District name/Nom du District: Kigali

Type of health facility/Type de formation sanitaire: HC/CS ☒ HP/PS ☐

ID Number: 1198470080762029

II. PATIENT INFORMATION/INFORMATION SUR LE PATIENT

Name Head of the Household/Nom du chef de ménage: Nyirahabimana Lucie

Beneficiary name/Nom du bénéficiaire: Nyirahabimana Lucie

Application Number (if no ID): 1198700800762029

Catchment area/Zone de rayonnement: 2 ☒ HZ ☐ HD ☐

Sex/Sexe: Female ☒ Male ☐

Age: 49

Telephone number/Numéro de téléphone: 798470080762029

Ubughe category/Catégorie Ubughe (1, 2, 3 or 4): 1

Prisoner/Prisonnier: YES ☐ NO ☒

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

Type of medical visit/Type de visite médicale: Outpatient/Ambulatoire ☒ Inpatient/Hospitalisation ☐

Disease episode/Episode de la maladie: New case/Nouveaux cas ☐ Old case/Ancien cas ☐

Purpose of the visit/Motif de la visite: Natural disease/Maladie naturelle ☒ Occupational disease/Maladie professionnelle ☐ Other/Autre ☐

Road traffic accident/Accident de la circulation ☐ Work accident/Accident de travail ☐

DIAGNOSIS/DIAGNOSTIC			
		Description	
Consultation		<u>CPC</u>	
Laboratory tests/Examens de laboratoire			
Hospitalization/Hospitalisation			
Medical procedures & consumables/Actes & consommables médicaux		<u>3 Ambulatoire</u>	
Medicines/Médicaments (Form/Forme & dosage)		<u>metronidazole 800 mg</u>	
		<u>1000 mg</u>	
		<u>1000 mg</u>	
Ambulance			
Date:			
Other/Autre (to specify/à spécifier)			

Total amount billed/Montant total facture (100%)	<u>490</u>	Rwf
Patient contribution/Ticket modérateur (200 Rwf/0 Rwf)	<u>0</u>	Rwf
Amount to be paid by RSSB-CBHI/Montant à payer par RSSB-CBHI	<u>490</u>	Rwf

Beneficiary name & signature/Nom et signature du bénéficiaire: Nyirahabimana Lucie

Nurse name & signature/Nom et signature infirmier(ère) traitant: Dr. Theodor

Health facility stamp/Cachet du CS/PS: Kigali

Approval of CBHI Verification agent/Approbation du Verificateur CBHI: Nyirahabimana Lucie

Date: 17/11/2020