RWANDA SOCIAL SECURITY BOARD (RSSB) / COMMUNITY BASED HEALTH INSURANCE (CBHI)

HEALTH FACILITY	:
CBHI SECTION	t
ADMINISTRATIVE DISTRICT	t
PROVINCE / MVK	:

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	SUMMARY OF VOUCHERS																	
Nº DATE	MEMBER'S CATEGORY	BENEFICIARY'S NAMES	ID NUMBER / APPLICATION NUMBER OF BENEFICIARY	BENEFICIARY' S AGE (Date/Month/ Year)	BENEFICIARY' S GENDER (F=Female, M=male)	HEAD HOUSEHOLD'S NAMES	ID NUMBER / APPLICATION NUMBER OF HEAD OF HOUSEHOLD	COST FOR CONSULTA TION	COST FOR LABORATO RY TESTS	COST FOR MEDICAL IMAGING	COST FOR HOSPITALIZE TION	COST FOR PROCEDURE S AND MATERIALS	COST FOR AMBULANCE	COST FOR OTHER CONSUMABL ES	COST FOR DRUGS	TOTAL AMOUNT	CO-PAYMENT	AMOUNT AFTER VERIFICATION
								100%	100%	100%	100%	100%	100%	100%	100%	100%	200 RWF / 10%	
							TOTAL											