

Visit ID: 20039448

1. Patient Details

Membership number 3453000

Surname NIYOMWUNGERE

First name(s)(as per identity document) LEOPOLD

Date of birth 0 1 - 0 1 - 2 0 0 1

Gender M F

Cellphone 0786439408

Email l.niyomwung@alustudent.com

2. Medical Practitioner Details

Name

Specialization

RMDC Reg No

3. Treatment Details

Treatment date

Referring Doctor

Healthcare Facility

Referred To (if applicable)

Final Diagnosis ICD Code

Final Diagnosis Description

Additional Supporting or Underlying Diagnoses

Pre Authorisation Number (If applicable)

Type of Care

Outpatient

Optical

Maternity

Inpatient

Denial

4. Services / Items Claimed (Can be left blank if submitted with an itemised invoice)

Item	RMPC Procedure Code	Procedure	Total Billed	Co-pay Amount	Total Claimed
1					
2					
3					
4					
5					
6					

Patients Signature

Date 0 7 - 1 1 - 2 0 2 4

Doctors Signature

Date 0 7 - 1 1 - 2 0 2 4

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Contact Us: www.edencaremedical.com; support@edencaremedical.com; KN 78 Street, Kigali, Rwanda