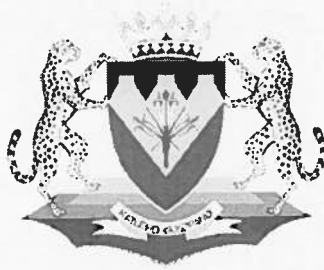


**Provincial
Gazette**

Free State Province



**Provinsiale
Koerant**

Provinsie Vrystaat

Published by Authority

Uitgegee op Gesag

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PROVINCIAL NOTICE

[No. 262 of 2012]

PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2012 TARIFFS IN THE FREE STATE PROVINCE

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, Ms F Ngubentombi, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2012 Tariffs, as contained in Annexure A, which comes into operation on 1 April 2012.



Annexure A1

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS TREATED AT PUBLIC HEALTH CARE FACILITIES

EFFECTIVE 01ST APRIL 2012

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	160.00								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	241.00								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	273.00								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	411.00								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	960.00								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1441.00								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		2963.00		2963.00				344900	
0211	Natural Birth – General medical practitioner	Incident	1607.00								
0212	Natural Birth – Specialist medical practitioner	Incident	2075.00								
0213	Natural Birth – Nursing practitioner	Incident	1944.00								
0220	Caesarean Section – Facility Fee	Incident		4664.00		4664.00				5429.00	
0221	Caesarean Section – General medical practitioner	Incident	1607.00								
0222	Caesarean Section – Specialist medical practitioner	Incident	2075.00								
03	Dialysis										
0310	Haemo – Facility Fee	Day		1063.00		1063.00				1217.00	
0311	Haemo-dialysis – General medical practitioner	Day	202.00								
0312	Haemo-dialysis – Specialist medical practitioner	Day	253.00								
0313	Haemo-dialysis- Nursing Practitioner	Day	162.00								
0320	Peritoneal Dialysis – Facility Fee	Session		163.00		163.00				187.00	
0321	Peritoneal Dialysis – General medical practitioner	Session	33.00								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	39.00								
0323	Peritoneal Dialysis – Nursing practitioner	Session	22.00								
0330	Plasmapheresis - Facility Fee	Session		1063.00		1063.00				1217.00	
0331	Plasmapheresis - General medical practitioner	Session	202.00								
0332	Plasmapheresis - Specialist medical practitioner	Session	253.00								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report		102.00		102.00				125.00	
0411	Medical Report – General medical practitioner	Report	192.00								
0412	Medical Report – Specialist medical practitioner	Report	296.00								
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	96.00								

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	148.00							
0425	Copies of X-rays films, ultrasounds etc.	Copy	96.00							
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		54.00		54.00		60.00		
0511	Radiology, Cat A – General medical practitioner	Procedure	53.00							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	99.00							
0514	Radiology, Cat A – Allied health practitioner	Procedure	52.00							
0520	Radiology, Cat B – Facility Fee	Procedure		148.00		148.00		170.00		
0521	Radiology, Cat B – General medical practitioner	Procedure	143.00							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	278.00							
0524	Radiology, Cat B – Allied health practitioner	Procedure	138.00							
0530	Radiology, Cat C – Facility Fee	Procedure		687.00		687.00		784.00		
0531	Radiology, Cat C – General medical practitioner	Procedure	441.00							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1355.00							
0540	Radiology, Cat D – Facility Fee	Procedure		1752.00		1752.00		2002.00		
0541	Radiology, Cat D – General medical practitioner	Procedure	1621.00							
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	3383.00							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		544.00		694.00		1312.00		
0611	Inpatient General Ward – General medical practitioner	Day	113.00							
0612	Inpatient General Ward – Specialist medical practitioner	Day	197.00							
0620	Inpatient High care – Facility Fee	12 hours		845.00		1056.00		1514.00		
0621	Inpatient High Care – General medical practitioner	12 hours	59.00							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	112.00							
0630	Inpatient Intensive care – Facility Fee	12 hours		2775.00		2775.00		3317.00		
0631	Inpatient Intensive Care – General medical practitioner	12 hours	65.00							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	125.00							
0640	Inpatient Chronic care – Facility Fee	Day		319.00		319.00		319.00		
0641	Inpatient Chronic care – General medical practitioner	Day	37.00							
0642	Inpatient Chronic care – Specialist medical practitioner	Day	86.00							
0643	Inpatient Chronic care – Nursing practitioner	Day	22.00							
0650	Day patient – Facility Fee	Day		453.00		572.00		838.00		
0651	Day patient – General medical practitioner	Day	113.00							
0652	Day patient – Specialist medical practitioner	Day	197.00							
0653	Day patient – Nursing practitioner	Day	65.00							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		261.00		261.00		261.00		
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	22.00							
0670	Inpatient General ward – Facility Fee	12 hours		273.00		348.00		656.00		

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0671	Inpatient General Ward – General medical practitioner	12 hours	57.00							
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	98.00							
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	37.00							
0680	Inpatient Chronic care – Facility Fee	12 hours		160.00		160.00		160.00		
0681	Inpatient Chronic care – General medical practitioner	12 hours	18.00							
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	41.00							
0683	Inpatient Chronic care – Nursing practitioner	12 hours	13.00							
07	Mortuary									
0710	Mortuary – Facility Fee	Day		138.00		138.00		158.00		
0720	Cremation Certificate – Facility Fee	Certificate		138.00		1381.00		158.00		
08	Pharmaceutical									
0810	Medication Fee – Facility Fee	Prescription		24.00		24.00		30.00		
0815	Pharmaceutical IP	Item	Varies							
0816	Pharmaceutical –TTO	Item	Varies							
0817	Pharmaceutical - Chronic OPD	Item	Varies							
0818	Pharmaceutical – Oncology IP	Item	Varies							
0819	Pharmaceutical – Immune Suppressant Drugs IP	Item	Varies							
0820	Pharmaceutical Flat Fee – Chronic OPD	Item	Varies							
0825	Pharmaceutical Flat Fee – IP	Item	Varies							
0827	Pharmaceutical – Acute OPD	Item	Varies							
0828	Pharmaceutical – Oncology OPD	Item	Varies							
0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item	Varies							
0830	Pharmaceutical Flat Fee – Acute OPD	Item	Varies							
09	Oral Health									
0910	Oral Care Cat A – Facility Fee	Procedure		21.00		21.00		23.00		
0911	Oral Care Cat A – General medical practitioner	Procedure	36.00							
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	30.00							
0914	Oral Care Cat A – Allied health practitioner	Procedure	26.00							
0920	Oral Care Cat B – Facility Fee	Procedure		62.00		62.00		73.00		
0921	Oral Care Cat B – General medical practitioner	Procedure	70.00							
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	111.00							
0924	Oral Care Cat B – Allied health practitioner	Procedure	57.00							
0930	Oral Care Cat C – Facility Fee	Procedure		384.00		384.00		440.00		
0931	Oral Care Cat C – General medical practitioner	Procedure	425.00							
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	729.00							
0940	Oral Care Cat D – Facility Fee	Procedure		1510.00		1510.00		1728.00		
0941	Oral Care Cat D – General medical practitioner	Procedure	1303.00							
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	2674.00							
0950	Oral Care Cat E – Facility Fee	Procedure		5086.00		5086.00		5812.00		

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
0951	Oral Care Cat E – General medical practitioner	Procedure	4383.00							
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	8993.00							
10	Consultations									
1010	Outpatient Consultation – Facility Fee	Visit		67.00		67.00				81.00
1011	Outpatient Consultation – General medical practitioner	Visit	75.00							
1012	Outpatient Consultation – Specialist medical practitioner	Visit	173.00							
1013	Outpatient Consultation – Nursing practitioner	Visit	43.00							
1014	Outpatient Consultation – Allied health practitioner	Visit	45.00							
1020	Emergency Consultation – Facility Fee	Visit		136.00		136.00				162.00
1021	Emergency Consultation – General medical practitioner	Visit	113.00							
1022	Emergency Consultation – Specialist medical practitioner	Visit	259.00							
1023	Emergency Consultation – Nursing practitioner	Visit	65.00							
1024	Emergency Consultation – Allied health practitioner	Visit	67.00							
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		67.00		67.00				81.00
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	75.00							
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	173.00							
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	43.00							
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	45.00							
11	Minor Theatre Procedures									
1110	Minor Procedure Cat A – Facility Fee	Procedure		319.00		319.00				383.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	111.00							
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	212.00							
1120	Minor Procedure Cat B – Facility Fee	Procedure		319.00		319.00				383.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	163.00							
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	371.00							
1130	Minor Procedure Cat C – Facility Fee	Procedure		319.00		319.00				383.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	258.00							
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	579.00							
1140	Minor Procedure Cat D – Facility Fee	Procedure		319.00		319.00				383.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	681.00							
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1534.00							
12	Major Theatre Procedures									
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1033.00		1514.00				1745.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	111.00							
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	212.00							
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1563.00		2294.00				2641.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	163.00							

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	37100							
1230	Theatre Procedure Cat C – Facility Fee	Procedure		2685.00		3940.00		4547.00		
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	258.00							
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	579.00							
1240	Theatre Procedure Cat D – Facility Fee	Procedure		6886.00		10100.00		11640.00		
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	681.00							
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1534.00							
13	<i>Treatments</i>									
1310	Supplementary Health Treatment – Facility Fee	Contact		43.00		43.00		52.00		
1313	Supplementary Health Treatment- Nurse practitioner	Contact	38.00							
1314	Supplementary Health Treatment – Allied health practitioner	Contact	38.00							
1320	Supplementary Health Group Treatment – Facility Fee	Contact		34.00		34.00		37.00		
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	26.00							
14	<i>Emergency Medical Services</i>									
1410	Patient transport service – Facility Fee	100km		286.00		286.00		286.00		
1420	Basic life support – Facility Fee	50km		782.00		782.00		782.00		
1430	Intermediate life support – Facility Fee	50km		1057.00		1057.00		1057.00		
1440	Advanced life support– Facility Fee	50km		1757.00		1757.00		1757.00		
1450	Emergency service standby – Facility Fee	Once-Off		400.00		400.00		400.00		
1451	Emergency service standby – General medical practitioner	Hour	537.00							
1452	Emergency service standby – Specialist medical practitioner	Hour	723.00							
1453	Emergency service standby – Nursing practitioner	Hour	305.00							
1454	Emergency service standby – Emergency care practitioner	Hour	N/A							
1455	Emergency service standby – Basic life support practitioner	Hour	126.00							
1456	Emergency service standby – Intermediate life support practitioner	Hour	192.00							
1457	Emergency service standby – Advanced life support practitioner	Hour	337.00							
1460	Rescue – Facility Fee	Hour		837.00		837.00		837.00		
1461	Rescue – General medical practitioner	Hour	1255.00							
1462	Rescue – Specialist medical practitioner	Hour	1881.00							
1463	Rescue – Nursing practitioner	Hour	837.00							
1464	Rescue – Basic life support practitioner	Hour	N/A							
1465	Rescue – Basic life support practitioner	Hour	128.00							
1466	Rescue - Intermediate life support practitioner	Hour	153.00							
1467	Rescue – Advanced life support practitioner	Hour	348.00							
1470	Emergency transport air services fixed wing	Flying Hour		7701.00		7701.00		7701.00		
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		8457.00		8457.00		8457.00		
1490	Emergency service standby – Facility Fee	Additional 50km		185.00		185.00		185.00		

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
15	Assistive Devices & Prosthesis									
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies							
1520	Prosthetic Devices- Item Fee	Item	Varies							
1530	Dental Items – Item Fee	Item	Varies							
16	Cosmetic Surgery									
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2173.00		2173.00		2482.00		
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1253.00							
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	1877.00							
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		4886.00		4886.00		5586.00		
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1484.00							
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2227.00							
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		7892.00		7892.00		9021.00		
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	2510.00							
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	3765.00							
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		13332.00		13332.00		15236.00		
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	2816.00							
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	4143.00							
17	Laboratory Services									
1700	Drawing of Blood	Contact		26.00		26.00		26.00		
1710	Laboratory Test	Varies								
18	Radiation Oncology (Refer to proposed list)									
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies							
19	Nuclear Medicines									
1900	Itemisation of Isotopes	Item	Varies							
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		488.00		488.00		488.00		
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	243.00							
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		488.00		488.00		488.00		
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	730.00							
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		488.00		488.00		488.00		
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1431.00							
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		488.00		488.00		488.00		
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2190.00							
1950	Positron Emission Tomography (PET) Cat E – Facility Fee			4735.00		4735.00		4735.00		
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner		2367.00							
20	Ambulatory Procedures									
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		102.00		102.00		125.00		
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	37.00							
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	74.00							
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	22.00							

Uniform patient Fee Schedule 2012

APPROVED UPFS 2012 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TREATED AT PUBLIC HEALTH CARE FACILITIES

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE						
				LEVEL 1		LEVEL 2		LEVEL 3		
				R	c	R	c	R	c	
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	22.00							
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		102.00		102.00		125.00		
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	5300							
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	81.00							
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	30.00							
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	30.00							
21	<i>Blood and Blood Products</i>									
2100	Blood and Blood Products	Varies								
22	<i>Hyperbaric Oxygen Therapy</i>									
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		355.00		355.00		355.00		
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		1072.00		1072.00		1072.00		
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	452.00							
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	452.00							
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1080.00		1080.00		1080.00		
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	660.00							
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	660.00							
23	<i>Consumables (Not included in Facility Fee) Buy-outs</i>									
2300	Consumables not included in the facility fee	Item	Varies							
24	<i>Autopsies</i>									
2410	Autopsy– Facility Fee	Per case		67.00		67.00		81.00		
2411	Autopsy- General Practitioner	Per case	75.00							
2412	Autopsy- Specialist Practitioner	Per case	173.00							

PROVINCIAL GAZETTE
(Published every Friday)

All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, Tel.: (051) 403 3139. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied.

Subscription Rates (payable in advance)

The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) are as follows:

SUBSCRIPTION: (POST)

PRICE PER COPY	R 18.80
HALF-YEARLY	R469.40
YEARLY	R938.80

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 11.10
HALF-YEARLY	R 277.90
YEARLY	R 555.80

Stamps are not accepted

Closing time for acceptance of copy

All advertisements must reach the Officer in Charge of the Provincial Gazette **not later than 16:00, three working days** prior to the publication of the Gazette. Advertisements received after that time will be held over for publication in the issue of the following week, or if desired by the advertiser, will be inserted in the current issue as a "Late Advertisement". In such case the advertisement must be delivered to the Officer in Charge **not later than 08:00 on the Tuesday** preceding the publication of the Gazette and double rate will be charged for that advertisement.

A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.

Advertisement Rates

Notices required by Law to be inserted in the Provincial Gazette: R26.40 per centimeter or portion thereof, single column.

Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300, Tel.: (051) 403 3139.

NUMBERING OF PROVINCIAL GAZETTE

You are hereby informed that the numbering of the Provincial Gazette /Tender Bulletin and notice numbers will from 2010 coincide with the relevant financial year. In other words, the chronological numbering starting from one will commence on or after 1 April of every year.

Printed and published by the Free State Provincial Government

PROVINSIALE KOERANT
(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, Tel.: No. (051) 403 3139 geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie.

Intekengeld (vooruitbetaalbaar)

Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:

INTEKENGELD: (POS)

PRYS PER EKSEMPLAAR	R 18.80
HALFJAARLIKS	R469.40
JAARLIKS	R938.80

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 11.10
HALFJAARLIKS	R 277.90
JAARLIKS	R 555.80

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aannee van Kopie

Alle advertensies moet die Beampte Belas met die Provinsiale Koerant bereik **nie later nie as 16:00 drie werksdae** voordat die Koerant uitgegee word. Advertensies wat na daardie tyd ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit in die Koerant wat op die pers is as 'n "Laat Advertensie" geplaas word. In sulke gevalle moet die advertensie aan die Beampte oorhandig word **nie later nie as 08:00 op die Dinsdag** voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word.

'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.

Advertensietariewe

Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R26.40 per sentimeter of deel daarvan, enkel-kolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300, Tel.: (051) 403 3139.

NOMMERING VAN PROVINSIALE KOERANT

U word hiermee in kennis gestel dat die nommering van die Provinsiale Koerant / Tender Bulletin en kennisgewingnummers vanaf 2010 met die betrokke boekjaar sal ooreenstem. Met ander woorde, die kronologiese nommering beginnende met een, sal op of na 1 April van elke jaar begin.

Gedruk en uitgegee deur die Vrystaatse Provinsiale Regering