

**Provincial
Gazette**

Free State Province



**Provinsiale
Koerant**

Provinsie Vrystaat

Published by Authority

SPECIAL

Uitgegee op Gesag

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PROVINCIAL NOTICE

[No. 1 of 2013]

PUBLICATION OF UNIFORM PATIENT FEE SCHEDULE (UPFS) 2013 TARIFFS IN THE FREE STATE PROVINCE

By virtue of section 15 of the Interpretation Act, 1957 (Act No. 33 of 1957), I, **Dr B Maiakoane**, Member of the Executive Council responsible for Health in the Province, hereby publish the Uniform Patient Fee Schedule 2013 Tariffs, as contained in Annexure A.



APPROVED UPFS 2013 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS

(RAF, Medical Schemes, WCA, DCS, SAPS, Ex-Miners, DOD and DOJ)

EFFECTIVE 01ST APRIL 2013

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	169.00								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	254.00								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	288.00								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	434.00								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1013.00								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1520.00								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		3126.00		3126.00		3639.00			
0211	Natural Birth – General medical practitioner	Incident	1695.00								
0212	Natural Birth – Specialist medical practitioner	Incident	2189.00								
0213	Natural Birth – Nursing practitioner	Incident	2051.00								
0220	Caesarean Section – Facility Fee	Incident		4921.00		4921.00		5728.00			
0221	Caesarean Section – General medical practitioner	Incident	1695.00								
0222	Caesarean Section – Specialist medical practitioner	Incident	2189.00								
03	Dialysis										
0310	Haemo – Facility Fee	Day		1121.00		1121.00		1284.00			
0311	Haemo-dialysis – General medical practitioner	Day	213.00								
0312	Haemo-dialysis – Specialist medical practitioner	Day	267.00								
0313	Haemo-dialysis- Nursing Practitioner	Day	171.00								
0320	Pertoneal Dialysis – Facility Fee	Session		172.00		172.00		197.00			
0321	Pertoneal Dialysis – General medical practitioner	Session	35.00								
0322	Pertoneal Dialysis – Specialist medical practitioner	Session	41.00								
0323	Pertoneal Dialysis – Nursing practitioner	Session	23.00								
0330	Plasmapheresis - Facility Fee	Session		1121.00		1121.00		1284.00			
0331	Plasmapheresis - General medical practitioner	Day	213.00								
0332	Plasmapheresis - Specialist medical practitioner	Day	267.00								
04	Medical Reports										
0410	Medical Report – Facility Fee	Report		108.00		108.00		132.00			
0411	Medical Report – General medical practitioner	Report	203.00								
0412	Medical Report – Specialist medical practitioner	Report	312.00								
0420	Copies of Medical Report – Facility Fee	Copy		108.00		108.00		132.00			
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	101.00								

Uniform patient Fee Schedule (Revised January 2013)
UPFS TARIFFS 2013

Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	G						
				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	156.00							
0425	Copies of X-rays films, ultrasounds etc.	Copy	101.00							
05	Imaging									
0510	Radiology, Cat A – Facility Fee	Procedure		57.00		57.00				63.00
0511	Radiology, Cat A – General medical practitioner	Procedure	56.00							
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	104.00							
0514	Radiology, Cat A – Allied health practitioner	Procedure	55.00							
0520	Radiology, Cat B – Facility Fee	Procedure		156.00		156.00				179.00
0521	Radiology, Cat B – General medical practitioner	Procedure	151.00							
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	293.00							
0524	Radiology, Cat B – Allied health practitioner	Procedure	146.00							
0530	Radiology, Cat C – Facility Fee	Procedure		725.00		725.00				827.00
0531	Radiology, Cat C – General medical practitioner	Procedure	465.00							
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1430.00							
0540	Radiology, Cat D – Facility Fee	Procedure		1848.00		1848.00				2112.00
0541	Radiology, Cat D – General medical practitioner	Procedure	1710.00							
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	3569.00							
06	Inpatients									
0610	Inpatient General ward – Facility Fee	Day		574.00		732.00				1384.00
0611	Inpatient General Ward – General medical practitioner	Day	119.00							
0612	Inpatient General Ward – Specialist medical practitioner	Day	208.00							
0620	Inpatient High care – Facility Fee	12 hours		891.00		1114.00				1597.00
0621	Inpatient High Care – General medical practitioner	12 hours	62.00							
0622	Inpatient High Care – Specialist medical practitioner	12 hours	118.00							
0630	Inpatient Intensive care – Facility Fee	12 hours		2928.00		2928.00				3499.00
0631	Inpatient Intensive Care – General medical practitioner	12 hours	69.00							
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	132.00							
0640	Inpatient Chronic care – Facility Fee	Day		337.00		337.00				337.00
0641	Inpatient Chronic care – General medical practitioner	Day	39.00							
0642	Inpatient Chronic care – Specialist medical practitioner	Day	91.00							
0643	Inpatient Chronic care – Nursing practitioner	Day	23.00							
0650	Day patient – Facility Fee	Day		478.00		602.00				884.00
0651	Day patient – General medical practitioner	Day	119.00							
0652	Day patient – Specialist medical practitioner	Day	208.00							
0653	Day patient – Nursing practitioner	Day	69.00							
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		275.00		275.00				275.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	23.00							
0670	Inpatient General ward – Facility Fee	12 hours		288.00		367.00				692.00
0671	Inpatient General Ward – General medical practitioner	12 hours	60.00							
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	103.00							

Uniform patient Fee Schedule (Revised January 2013)
UPFS TARIFFS 2013

Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	39.00						
0680	Inpatient Chronic care – Facility Fee	12 hours		169.00		169.00		169.00	
0681	Inpatient Chronic care – General medical practitioner	12 hours	19.00						
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	43.00						
0683	Inpatient Chronic care – Nursing practitioner	12 hours	14.00						
07	Mortuary								
0710	Mortuary – Facility Fee	Day		146.00		146.00		167.00	
0720	Cremation Certificate – Facility Fee	Certificate		146.00		146.00		167.00	
08	Pharmaceutical								
0810	Medication Fee – Facility Fee	Prescription		25.00		25.00		32.00	
0815	Item Fee	Item	Varies						
0816	Pharmaceutical –TTO	Item	Varies						
0817	Pharmaceutical - Chronic	Item	Varies						
0818	Pharmaceutical - Oncology	Item	Varies						
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies						
0820	Pharmaceutical Flat Fee – OPD	Item	Varies						
0825	Pharmaceutical Flat Fee – IP	Item	Varies						
09	Oral Health								
0910	Oral Care Cat A – Facility Fee	Procedure		22.00		22.00		24.00	
0911	Oral Care Cat A – General medical practitioner	Procedure	38.00						
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	32.00						
0914	Oral Care Cat A – Allied health practitioner	Procedure	27.00						
0920	Oral Care Cat B – Facility Fee	Procedure		65.00		65.00		77.00	
0921	Oral Care Cat B – General medical practitioner	Procedure	74.00						
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	117.00						
0924	Oral Care Cat B – Allied health practitioner	Procedure	60.00						
0930	Oral Care Cat C – Facility Fee	Procedure		405.00		405.00		464.00	
0931	Oral Care Cat C – General medical practitioner	Procedure	448.00						
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	769.00						
0940	Oral Care Cat D – Facility Fee	Procedure		1593.00		1593.00		1823.00	
0941	Oral Care Cat D – General medical practitioner	Procedure	1375.00						
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	2821.00						
0950	Oral Care Cat E – Facility Fee	Procedure		5366.00		5366.00		6132.00	
0951	Oral Care Cat E – General medical practitioner	Procedure	4624.00						
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	9488.00						
10	Consultations								
1010	Outpatient Consultation – Facility Fee	Visit		71.00		71.00		85.00	
1011	Outpatient Consultation – General medical practitioner	Visit	79.00						
1012	Outpatient Consultation – Specialist medical practitioner	Visit	183.00						
1013	Outpatient Consultation – Nursing practitioner	Visit	45.00						
1014	Outpatient Consultation – Allied health practitioner	Visit	47.00						
1020	Emergency Consultation – Facility Fee	Visit		143.00		143.00		171.00	

Uniform patient Fee Schedule (Revised January 2013)
UPFS TARIFFS 2013

Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
1021	Emergency Consultation – General medical practitioner	Visit	119.00						
1022	Emergency Consultation – Specialist medical practitioner	Visit	273.00						
1023	Emergency Consultation – Nursing practitioner	Visit	69.00						
1024	Emergency Consultation – Allied health practitioner	Visit	71.00						
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		71.00		71.00		85.00	
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	79.00						
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	183.00						
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	45.00						
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	47.00						
11	Minor Theatre Procedures								
1110	Minor Procedure Cat A – Facility Fee	Procedure			337.00		337.00		404.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	117.00						
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	224.00						
1120	Minor Procedure Cat B – Facility Fee	Procedure			337.00		337.00		404.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	172.00						
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	391.00						
1130	Minor Procedure Cat C – Facility Fee	Procedure			337.00		337.00		404.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	272.00						
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	611.00						
1140	Minor Procedure Cat D – Facility Fee	Procedure			337.00		337.00		404.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	718.00						
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1618.00						
12	Major Theatre Procedures								
1210	Theatre Procedure Cat A – Facility Fee	Procedure			1090.00		1597.00		1841.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	117.00						
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	224.00						
1220	Theatre Procedure Cat B – Facility Fee	Procedure			1649.00		2420.00		2786.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	172.00						
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	391.00						
1230	Theatre Procedure Cat C – Facility Fee	Procedure			2833.00		4157.00		4797.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	272.00						
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	611.00						
1240	Theatre Procedure Cat D – Facility Fee	Procedure			7265.00		10656.00		12280.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	718.00						
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1618.00						
13	Treatments								
1310	Supplementary Health Treatment – Facility Fee	Contact			45.00		45.00		55.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	40.00						
1314	Supplementary Health Treatment – Allied health practitioner	Contact	40.00						
1320	Supplementary Health Group Treatment – Facility Fee	Contact			36.00		36.00		39.00

Uniform patient Fee Schedule (Revised January 2013)
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Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	27.00			
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		302.00	302.00	302.00
1420	Basic life support – Facility Fee	50km		825.00	825.00	825.00
1430	Intermediate life support – Facility Fee	50km		1115.00	1115.00	1115.00
1440	Advanced life support– Facility Fee	50km		1854.00	1854.00	1854.00
1450	Emergency service standby – Facility Fee	Once-Off		400.00	400.00	400.00
1461	Emergency service standby – General medical practitioner	Hour	537.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	723.00			
1463	Emergency service standby – Nursing practitioner	Hour	305.00			
1464	Emergency service standby – Emergency care practitioner	Hour	N/A			
1456	Emergency service standby – Basic life support practitioner	Hour	126.00			
1458	Emergency service standby – Intermediate life support practitioner	Hour	192.00			
1467	Emergency service standby – Advanced life support practitioner	Hour	337.00			
1460	Rescue – Facility Fee	Hour		883.00	883.00	883.00
1461	Rescue – General medical practitioner	Hour	1324.00			
1462	Rescue – Specialist medical practitioner	Hour	1984.00			
1463	Rescue – Nursing practitioner	Hour	883.00			
1464	Rescue – Basic life support practitioner	Hour	N/A			
1465	Rescue – Basic life support practitioner	Hour	135.00			
1466	Rescue - Intermediate life support practitioner	Hour	161.00			
1467	Rescue – Advanced life support practitioner	Hour	367.00			
1470	Emergency transport air services fixed wing	Flying Hour		8125.00	8125.00	8125.00
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		8922.00	8922.00	8922.00
1490	Emergency service standby – Facility Fee	Additional 50km		185.00	185.00	185.00
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		2293.00	2293.00	2619.00
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1322.00			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	1980.00			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		5155.00	5155.00	5893.00
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1566.00			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2349.00			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		8326.00	8326.00	9517.00
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	2648.00			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	3972.00			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		14065.00	14065.00	16074.00
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	2971.00			

Uniform patient Fee Schedule (Revised January 2013)
UPFS TARIFFS 2013

Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL		
				LEVEL 1 R c	LEVEL 2 R c	LEVEL 3 R c
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	4371.00			
17	Laboratory Services					
1700	Drawing of Blood	Contact		27.00	27.00	27.00
1710	Laboratory Test	Varies				
18	Radiation Oncology (Refer to Annexure L)					
1800	Radiation Oncology	Item	Varies			
19	Nuclear Medicines					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		515.00	515.00	515.00
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	256.00			
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		515.00	515.00	515.00
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	770.00			
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		515.00	515.00	515.00
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1540.00			
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		515.00	515.00	515.00
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2310.00			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		1000.00	1000.00	1000.00
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	3000.00			
20	Ambulatory Procedures					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		108.00	108.00	132.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	39.00			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	78.00			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	23.00			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	23.00			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		108.00	108.00	132.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	56.00			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	85.00			
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	32.00			
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	32.00			
21	Blood and Blood Products					
2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		375.00	375.00	375.00
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		1131.00	1131.00	1131.00
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	477.00			
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	477.00			
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1139.00	1139.00	1139.00
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	696.00			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	696.00			
23	Consumables (Not included in Facility Fee) Buy-outs					

Uniform patient Fee Schedule (Revised January 2013)
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Annexure A1

CODE	DESCRIPTION	BASIS	Professional Fee R	A					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
2300	Consumables not included in the facility fee	Item	Varies						
24	Autopsies								
2410	Autopsy- Facility Fee	Per case		71.00		71.00		85.00	
2411	Autopsy- General Practitioner	Per case	79.00						
2412	Autopsy- Specialist Practitioner	Per case	183.00						

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 19.80
HALF-YEARLY	R495.00
YEARLY	R989.90

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 11.70
HALF-YEARLY	R 293.00
YEARLY	R 586.00

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: R27.90 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 19.80
HALFJAARLIKS	R495.00
JAARLIKS	R989.90

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 11.70
HALFJAARLIKS	R 293.00
JAARLIKS	R 586.00

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: R27.90 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 kennisgewingsnommers 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