



THE PROVINCE OF MPUMALANGA
DIE PROVINSIE MPUMALANGA

Provincial Gazette Provinsiale Koerant

EXTRAORDINARY • BUITENGEWOON

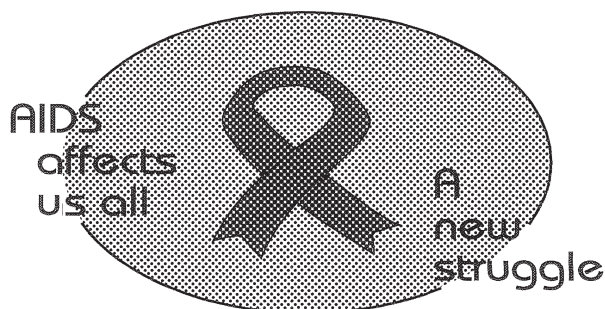
(Registered as a newspaper) • (As 'n nuusblad geregistreer)

Vol. 23

NELSPRUIT
25 MARCH 2016
25 MAART 2016

No. 2672

We all have the power to prevent AIDS



Prevention is the cure

**AIDS
HELPLINE**

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DEPARTMENT OF HEALTH

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ISSN 1682-4518



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Government Printing Works

Notice submission deadlines

Government Printing Works has over the last few months implemented rules for completing and submitting the electronic Adobe Forms when you, the customer, submit your notice request.

In line with these business rules, GPW has revised the notice submission deadlines for all gazettes. Please refer to the GPW website www.gpwonline.co.za to familiarise yourself with the new deadlines.

CANCELLATIONS

Don't forget!

Cancellation of notice submissions are accepted by GPW according to the deadlines stated in the table above.

Non-compliance to these deadlines will result in your request being failed. **Please pay special attention to the different deadlines for each gazette.**

Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

Requests for cancellation must be sent by the original sender of the notice and must be accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

take note!

With effect from **01 October**, GPW will not longer accept amendments to notices. The cancellation process will need to be followed and a new notice submitted thereafter for the next available publication date.

CUSTOMER INQUIRIES



Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While GPW deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.

GPW has a **2-working day turnaround time for processing notices** received according to the business rules and deadline submissions.

Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

PROOF OF PAYMENTS



GPW reminds you that all notice submissions **MUST** be submitted with an accompanying proof of payment (PoP) or purchase order (PO). If any PoP's or PO's are received without a notice submission, it will be failed and your notice will not be processed.

When submitting your notice request to submit.egazette@gpw.gov.za, please ensure that a purchase order (GPW Account customer) or proof of payment (non-GPW Account customer) is included with your notice submission. All documentation relating to the notice submission must be in a single email.

A reminder that documents must be attached separately in your email to GPW. (In other words, your email should have an Adobe Form plus proof of payment/purchase order – 2 separate attachments – where notice content is applicable, it should also be a 3rd separate attachment).

REMINDER OF THE GPW BUSINESS RULES

- ☐ Single notice, single email – with proof of payment or purchase order.
- ☐ All documents must be attached separately in your email to GPW.
- ☐ 1 notice = 1 form, i.e. each notice must be on a separate form
- ☐ Please submit your notice **ONLY ONCE**.
- ☐ Requests for information, quotations and inquiries must be sent to the Contact Centre **ONLY**.
- ☐ The notice information that you send us on the form is what we publish. Please do not put any instructions in the email body.

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PROVINCIAL NOTICES • PROVINSIALE KENNISGEWINGS

PROVINCIAL NOTICE 26 OF 2016

NOTICE IN TERMS OF SECTION 41 (1) (C) OF THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003)

The Mpumalanga Province's Amended Hospital Fees Manual in schedule hereto, is published for General Information in respect of Public Health Facilities in the Province. The Amendment is in respect of The Hospital Fees Manual published in Provincial Gazette Extraordinary No. 2473 dated 01 June 2015.

**Department of Health
Mpumalanga Provincial Government**

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Departement van Gesondheid

HOSPITAL FEES MANUAL

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CHAPTER ONE

Preamble:

The Uniform Patient Fee Schedule is covering all patients attending provincial health establishments. Fees for subsidized (hospital) patients are to be expressed in terms of the percentages of the UPFS.

PRINCIPLES

PRINCIPLE ONE:

Emergency medical treatment shall be afforded at any time to any patient, at any health facility, including a clinic, community health centre, or hospital.

PRINCIPLE TWO:

Every patient has the right to choose by whom s/he wishes to be treated, PROVIDED s/he is prepared to pay the tariffs applicable to full-paying patients and subject to the availability of appropriate staff and facilities. Should someone wish to be treated as a **subsidized or self funded** hospital patient, then s/he would not have a choice of medical practitioner.

The choice of facility shall be in line with prescribed service delivery guidelines as determined by the Health Authority and from time to time (e.g. Patient's Rights Charter, levels of service, PHC principles).

PRINCIPLE THREE:

All health services rendered by the state except primary health care facilities are chargeable. However, no emergency service may be refused if a patient cannot pay for it and no patient, including an externally funded patient, will be required to meet all costs of essential medical services should such costs place an excessive financial burden on her/him.

PRINCIPLE FOUR:

Some illnesses (Chapter 3, paragraphs 3(d), 3 (p)) which may affect the community as a whole if they are not contained or controlled are automatically treated free of charge.

PRINCIPLE FIVE:

Fees levied for private patients will be in terms of the Uniform Patients Fees Schedule (UPFS) approved by NDOH. The private fee tariffs are determined by the UPFS and subsidized fees are expressed as a percentage of the UPFS.

PRINCIPLE SIX:

Externally funded patients will pay the full rate prescribed by the UPFS. In cases where services are rendered by a private health care practitioner, the patient or her/his funder will be liable for the facility fee component of the UPFS tariff to the public health facility concerned. It is the responsibility of the private practitioner to render an account to the patient or his/her funder for any professional fee to the private practitioner. In case the private practitioner did not turned up, the patient must be reclassified as a hospital patient and be billed accordingly.

PRINCIPLE SEVEN:

Patients who are not externally funded are eligible to pay reduced fees for services received. The onus rests on the patient to prove her/his eligibility to be categorized as a subsidized patient. If a patient refuses to do this, then s/he must be classified as a H3 but in a case where the patient is a first visit and did not bring along the proof he/she must be classified as a H1.

PRINCIPLE EIGHT:

The eligibility of a patient to pay reduced fees will be based on a standard means test or the membership of the patient to certain groups exempted from paying for public health services. The means test and exempted groups are described in Chapters 2.

PRINCIPLE NINE:

Patients paying reduced fees will be encouraged to pay cash. In such cases a payment receipt with an invoice will be produced. In cases where the reduced fee cannot be paid in full and the patient is not re-classified into a group exempted from payment a credit agreement must be entered into with the patient or his/her guardian.

PRINCIPLE TEN:

Patients funded by a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998 as amended) are governed by the provisions of that Act with regards to the minimum benefits for which the funder is liable. For the purposes of charging services not covered by the funder, the patient will be liable for the payment of the outstanding balance.

PRINCIPLE ELEVEN:

Fees will be reviewed on an annual basis when necessary.

PRINCIPLE TWELVE

All citizens of South Africa must produce their South African Identification Documents for every visit to a health facility. Non-citizens must produce their passports or any other valid documents.

CHAPTER TWO

DEFINITIONS

The following definitions apply only in the determination of the fees structure and for the calculation and levying of fees.

ALLIED HEALTH PROFESSIONAL

is an allied health service professional who provides services to patients. This category includes, but is not necessarily limited to, clinical psychologists, social workers, physiotherapists, orthotics prosthetics, radiographer, occupational therapists, speech and hearing therapists, dietitians, paramedics and chiropractors.

AMBULANCE

means a vehicle especially equipped for the purpose of providing emergency medical care for a patient during the period of transportation.

AMBULANCE STANDBY SERVICE

means a service where a request has been made for an ambulance and crew to be made available / to be present during any event at a specific place.

BASIC ORAL HEALTH CARE SERVICES

at clinic level consist of primary prevention oral health services (oral health education, tooth-brushing programmes, and fluoride mouth rinsing programmes, fissure sealant applications) and basic treatment services (examination, emergency extractions, relief of pain and infection control, atraumatic restorative treatment (ART)).

BOARDER

is a person whose presence, in the opinion of the responsible doctor, is essential to the patient's recovery and who receives board and lodging from the hospital.

BOARDER BABY

means a new-born infant of a mother who is still a patient in hospital.

CASUALTY PATIENT

means a patient treated as an emergency case, usually at a Casualty unit of a Department hospital.

CONSULTATION VISIT

is an occasion where the healthcare professional personally takes down a patient's clinical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment or assists the patient with advice.

DAY PATIENT

means a patient admitted and discharged on the same calendar date in a day ward.

DAY WARD

is a ward into which patients are admitted and discharged on the same calendar date.

H1 AND H2

The medication fee is included in the consultation outpatient visit fee.

MEDICAL REPORTS

the completion of a report for legal, insurance or any other purpose.

EXTERNALLY FUNDED PATIENT

a patient whose health services are funded or partly funded in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), by the Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996), or by a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No. 131 of 1998 as amended), or who is treated on the account of another state department, local authority, foreign government or any other employer.

FACILITY FEE

is the component of many tariffs applied in the UPFS to reflect the overhead costs of providing the environment in which healthcare services are delivered to patients and is in line with the cost structures associated with level 3, 2 and 1 facility.

SESSIONAL DOCTORS

These are the private professionals employed by the health authority to treat patients on a sessional basis. The professional should charge no fee since they are already receiving payment from the health authority.

FOREIGN PATIENT

See under Non South African Citizen

FULL PAYING PATIENT

This category of patients includes but is not limited to externally funded patients, patients being treated by their practitioner and certain categories of non-South African citizens. They are liable for the full UPFS fee.

Any patient belonging to one of the following groups: -

Group	Description
Externally funded patients	<p>1. Patients whose services are funded or partly funded in terms of:</p> <ul style="list-style-type: none"> (a) The Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) (b) The Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996) (c) A medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998) <p>2. Patients treated on account of:</p> <ul style="list-style-type: none"> (a) Another state department (b) Local authority (c) Foreign government (d) Any other employer
Patients treated by a private practitioner	Any patient treated by his or her own private practitioner in a public health care facility will be liable to pay the full facility fee component for services rendered by the private practitioner at the facility and the full UPFS fee for any other service received by the patient.
Non South African citizens	<p>Non South African citizens excluding the following:</p> <ul style="list-style-type: none"> (a) Immigrants permanently resident in the RSA but who have not attained citizenship; (b) Non South African citizens with temporary residence or work permits; (c) Persons from SADEC states (e.g. Mozambique, Zambia, etc.) who enter the RSA illegally.

HIGH CARE UNIT

is a specially-equipped unit which is set up for the care of patients who need close observation but at a lower level than the intensive care unit and where medical and nursing staff are available on less than a full 24-hour basis.

PATIENTS QUALIFYING FOR FULL SUBSIDIZATION : H0

Patients in this group receive all services free of charge. Patients must provide proof in terms of the conditions set out in the table below in order to be classified in this group. . The default classification for a person without income is therefore H1.

Patients qualifying for full subsidization: H0

Group	Description
Social pensioners	Proven recipients of the following types of pensions / grants are classified as social pensioners: Old age pension Child support grant Veteran's pension Care dependency grant Pension for the blind Family allowance Maintenance grant Disability grant Single-care grant – persons with mental disorders in need of care discharged from hospitals from the mentally ill but has not been decertified. Should the social pensioners also belong to a medical scheme, they will be regarded as full paying patients.
Formally unemployed	Persons supported by the Unemployment Insurance Fund (UIF). Proof of unemployment must be produced. (Contributors Record (Card (UF74))).
Persons re-classified as H0	If a patient cannot afford the fees due on the basis of his or her original classification then the patient may be re-classified as H0 by the person in charge of the health care facility or the PAAB Super User (Proofs for the reclassification must be kept in the patient file).

NB Unemployed patients - **Must produce a proof of unemployment or will be classified as H1 and pay according to the level of the hospital.**

H1, H2 and H3 PATIENTS

This is a default group for subsidized patients and the level of subsidization depends on the assessment of income (frequently called the means test)

Patients qualifying for PARTIAL subsidization: H1, H2 and H3 (self funded)

Category	Means Test	Subsidization (pay as % of UPFS tariffs)
H0	As categorized on page 7	Exempted from paying all fees
H1	Individual: Income equal or less than R36 000 per annum Household: Income equal or less than R50 000 per annum.	Consultations: 20% (with no differentiation for emergency consultation). Inpatients: 1% (see notes below) Patient and Emergency Transport: 5% Assistive devices: 25% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H2	Individual: Income between R36 001 and R72 000 per annum Household: Income between R50 001 and R100 000 per annum	Consultations: 70% (with differentiation for emergency consultations) Inpatients: 7% per day with differentiation on the basis of the bed types Patient and Emergency Transport: 15% Procedures, imaging and oral health: 50% Assistive devices: 75% All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.

H3 (Self funded)	Individual: Income between R72 001 and above per annum Household: Income between R100 001 and above.	All services listed in the UPFS for 2008 at full price
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Notes:

The H1 inpatient is expressed as a percentage of 7 days of the UPFS General Ward in patient fee to approximate the average length of stay of in-patient in this category. Although the fee calculation is based on 7 days for H1 patients this fee will be applicable for each 30 days of inpatient stay or part thereof. No differentiation is made on the basis of the bed type.

CHAPTER THREE

FREE SERVICES

1. "Free patient" means a hospital patient who proves s/he receives a social grant, unemployed or any patient classified as H0.
2. Free examination, and free medical, hospital and related treatment (including transport related to the treatment) may be given to a person as defined in par. 1 above.
3. Free medical examination, free treatment and free services may only be given to:-
(NB: See definitions section)
 - (a) Any H0 boarder, (H1,H2 and H3 will pay according to the UPFS);
 - (b) Any boarder baby, excluding a boarder baby of a private patient;
 - (c) A relative, as per definition for diagnostic purposes;
 - (d) Any person suffering from a suspected or confirmed communicable, formidable or notifiable disease as follows:-
 - (i) venereal diseases (excluding complications) only on an outpatient basis and including: syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum), non-specific urethritis, venereal warts, granuloma inguinale, ulcus molle and herpes genitalis;
 - (ii) pulmonary tuberculosis;
 - (iii) leprosy;
 - (iv) cholera;
 - (v) diphtheria;
 - (vi) plague;
 - (vii) typhoid and paratyphoid;
 - (viii) haemorrhagic fevers;
 - (ix) meningococcal meningitis;
 - (x) AIDS – Treatment as well as the initial diagnostic procedures and attendant laboratory services specifically for HIV test are free.
 - (xi) malaria;
 - (xii) Note: When the patient is admitted to hospital for any other reason/illness and it is established that he/she also suffers from any of the above-mentioned illnesses, the patient is assessed according to the prescribed tariffs.
 - (e) A person to whom services are rendered in terms of the Criminal Procedures Amendment Act 42 of 2003 as well as the following services at the request of the responsible authority
 - (i) **assault:** SAPS 308 and J88 well completed must be submitted in case of examination of the alleged victim, the taking of specimens and the completion of the necessary documentation;
 - (ii) **rape:** the examination of the alleged victim, the taking of specimens and the completion of the necessary documentation, including prophylactic

- treatment for sexually transmitted infection and prevention of pregnancy, according to the recommended national guidelines;
- (iii) **persons with mental disorders:** the examination of prisoners and detainees for medico-legal purposes with a view to their committal for observation in terms of the Mental Health Act, Act 17 of 2002;
 - (iv) **post-mortem examinations:** the carrying out of autopsies and attendance at exhumations.
- (f) Any officer of the Department who, in the performance of her/his official duties, handles or comes into contact with any drug, poison, gas, radio-active substances, radio-therapeutic or diagnostic equipment or other electronic equipment and is for this reason required to undergo medical examination and treatment;
- (g) The following persons who are treated for family planning purposes:-
- (i) an outpatient treated at a family planning clinic;
 - (ii) an inpatient in a family programme for the purpose of a sterilisation operation;
 - (iii) a male or female patient after a failed family planning programme sterilisation procedure in a state hospital;
 - (iv) a patient who visits a clinic or hospital on recommendation of family planning staff, including free transport to such clinic or hospital, for the specific purpose of being sterilised, notwithstanding the fact that such procedure is performed by a private doctor, however excluding sterilisation for clinical reasons; and
 - (v) post vasectomy persons for scheduled sperm counts.
- (h) Personnel in the employ of the Department who are injured on duty, and for whom the Department accepts liability;
- (i) Persons to whom general health advisory services (including oral health and visits to ante-natal clinics) are provided;
- (j) Persons who present themselves for immunizations and other measures to combat notifiable infectious diseases;
- (k) School children, excluding those children whose medical and/or dental health care might be covered by a medical aid or insurance, who are referred with a letter of authority from the school nursing services for basic primary oral health care services, for all treatment arising from such letter of authority;
- (l) Committed children, who in terms of the Child Care Amendment Act of 1996 are committed to the care of a children's home or foster parents;
- (m) Any person suffering from any of the following diseases:
- (i) kwashiorkor;
 - (ii) pellagra;
- (n) Mentally disturbed patients admitted to psychiatric hospitals in terms of the Mental Health Act 17 of 2002.
- (o) Services in respect of termination of pregnancy to be rendered free of charge and if complications have developed as a result of the termination, until the patient has been cured or the conditions as a result of the complication have stabilized, under the following conditions:

- (1) Upon request of a woman during the first 12 weeks of pregnancy;
- (2) From the 13th to the 20th week of pregnancy if a medical practitioner, after consultation with the woman, is of the opinion that:-
 - (a) continued pregnancy poses a risk to the woman's physical or mental health
 - (b) a substantial risk exists that the foetus will suffer from a severe physical or mental abnormality
 - (c) the pregnancy resulted from rape or incest
 - (d) the continued pregnancy will significantly affect the social or economic circumstances of the woman
- (3) After the 20th week of pregnancy if a medical practitioner, after consultation with another medical practitioner or midwife, is of the opinion that continued pregnancy would
 - (a) endanger the woman's life
 - (b) result in severe malformation of the foetus
 - (c) would pose risk of injury to the foetus.
- (p) Pregnant women and children under the age of 6 years. Notice 657 of 1994, dated 1 July 1994. As from 1 June 1994, free health services must be provided to:
 - (i) Pregnant women for the period commencing from the time the pregnancy is diagnosed to forty-two (42) days after the pregnancy has terminated, or if a complication has developed as a result of the pregnancy, until the patient has been cured or the conditions as a result of the complication have stabilized;
 - (ii) Children under the age of 6 years;
 - (iii) Non-citizens of South Africa who are in groups mentioned in par (i) and (ii), and who incidentally develop a health problem whilst in South Africa. Free health services include the rendering of all available health services to the persons mentioned above, including the rendering of free health services to pregnant women for conditions not related to the pregnancy as well as people with disability.
- (q) The following persons are excluded from the free health services:
 - (i) Persons and their dependents who are members of a medical scheme (if a benefit fund or sick fund does not cover a free service, eg. Pregnancy- then such service must be rendered free of charge to hospital patients – written proof thereof must be provided). If however the afore-mentioned persons and their dependants request a termination of pregnancy, such service must be rendered free of charge.
 - (ii) Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health care.
 - (iii) Children under the age of six years and pregnant women, if the aforementioned children/women have been treated in provincial hospitals and institutions by their private doctors.
 - (iv) Ambulance services, and patient transport services { excluding transport between hospitals for hospital patients, as well as the transport of patients

who request a termination of a pregnancy or visit a hospital/clinic on the recommendation of family planning staff/district surgeons for the specific purpose of being sterilized}.

- (v) Treatment of conditions that are not specifically related to the pregnancy or to the termination of a pregnancy.
- (vi) Prosthesis and other artificial aids (e.g. wheelchairs); - excluding children under the age of six as well as patients classified as H0
- (vii) Optometric aids (supply of spectacles); - excluding children the age of 6 years as well as patients classified as H0
- (viii) Persons injured on duty and who must receive medical treatment in terms of the provisions as set out in the Compensation for Occupational Injuries and Disease Act.
- (ix) Persons injured in motor vehicle accidents and who must receive medical treatment in terms of the provisions as set out in the Road Accident Fund
- (x) A patient referred from a day hospital, community health care center or clinic to a hospital, for admission as an out / in-patient, is personally liable for the account raised except for the patient classified as H0.
- (xi) Persons who make use of the services of medical practitioners of their choice instead of those made available by the Health Care Facility.

CHAPTER FOUR

CATEGORIES OF HOSPITAL PATIENTS

NON-PRIVATE

1. Hospital patients are assessed according to individual or family income (*means test*), and placed into four distinct groups based on proven income. Annexure A (Income declaration form) should be completed in this regard on the **first visit of every patient**, and reviewed **annually**.
2. Dependents are not to be taken into account for establishing the groupings and persons are only to be grouped in terms of family units. Family units include a married couple, single parent or a single person with a dependent as defined in the Income Tax Act.
3. Social pensioners, other than those who may be defined as externally funded, who furnish proof that they receive social pensions/allowances are automatically classified as H0 patients.
4. Social pensioners include recipients of an old age pension, a war veteran's pension, pension for the blind, disability grant, maintenance allowance, child support grant, or a family allowance are also free.

CATEGORIES OF HOSPITAL PATIENTS

EXTERNALLY FUNDED

These are:-

- (a) Persons/patients whose health services are funded or partly funded by in terms of the Compensation for Occupational Injuries and Diseases Act (COIDA), 1993 (Act No 130 of 1993);
- (b) Persons/patients whose health services are funded or partly funded by the Road Accident Fund in terms of the Road Accident Act (RAF) 1996, (Act No 56 of 1996);
- (c) Persons/patients who belong to a medical aid scheme in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998);
- (d) Persons/patients who are treated on the account of another department, local authority, foreign government or any other employer.
 - (d) Persons, regardless of income, who are treated by their own doctor at or in a Departmental hospital. In case the Private Practitioner does not turn up, the patient must be reclassified according to the means test and pay as a self funded patient (H3).

CHAPTER FIVE**APPROVED UPFS 2016 FEE SCHEDULE FOR EXTERNALLY FUNDED PATIENTS
TO BE EFFECTED 01ST APRIL 2016**

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	200.00			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	301.00			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	341.00			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	514.00			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1201.00			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1802.00			
02	Confinement					
0210	Natural Birth – Facility Fee	Incident		3706.00	3706.00	4314.00
0211	Natural Birth – General medical practitioner	Incident	2010.00			
0212	Natural Birth – Specialist medical practitioner	Incident	2595.00			
0213	Natural Birth – Nursing practitioner	Incident	2432.00			
0220	Caesarean Section – Facility Fee	Incident		5834.00	5834.00	6790.00
0221	Caesarean Section – General medical practitioner	Incident	2010.00			
0222	Caesarean Section – Specialist medical practitioner	Incident	2595.00			
03	Dialysis					
0310	Haemo – Facility Fee	Day		1329.00	1329.00	1522.00
0311	Haemo-dialysis – General medical practitioner	Day	252.00			
0312	Haemo-dialysis – Specialist medical practitioner	Day	317.00			
0313	Haemo-dialysis- Nursing Practitioner	Day	204.00			
0320	Peritoneal Dialysis – Facility Fee	Session		205.00	205.00	233.00
0321	Peritoneal Dialysis – General medical practitioner	Session	41.00			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	49.00			
0323	Peritoneal Dialysis – Nursing practitioner	Session	27.00			
0330	Plasmapheresis - Facility Fee	Session		1329.00	1329.00	1522.00
0331	Plasmapheresis - General medical practitioner	Session	252.00			
0332	Plasmapheresis - Specialist medical practitioner	Session	317.00			
04	Medical Reports					
0410	Medical Report – Facility Fee	Report		128.00	128.00	156.00
0411	Medical Report – General medical practitioner	Report	241.00			

0412	Medical Report – Specialist medical practitioner	Report	369.00			
0420	Copies of Medical Report – Facility Fee	Copy		128.00	128.00	156.00
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	120.00			
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	186.00			
0425	Copies of X-rays films, ultrasounds etc.	Copy	120.00			
05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		68.00	68.00	75.00
0511	Radiology, Cat A – General medical practitioner	Procedure	66.00			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	123.00			
0514	Radiology, Cat A – Allied health practitioner	Procedure	65.00			
0520	Radiology, Cat B – Facility Fee	Procedure		186.00	186.00	212.00
0521	Radiology, Cat B – General medical practitioner	Procedure	178.00			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	347.00			
0524	Radiology, Cat B – Allied health practitioner	Procedure	173.00			
0530	Radiology, Cat C – Facility Fee	Procedure		430.00	430.00	491.00
0531	Radiology, Cat C – General medical practitioner	Procedure	277.00			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	848.00			
0540	Radiology, Cat D – Facility Fee	Procedure		860.00	860.00	981.00
0541	Radiology, Cat D – General medical practitioner	Procedure	551.00			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	1695.00			
0550	Radiology, Cat E – Facility Fee	Procedure		2190.00	2190.00	2504.00
0551	Radiology, Cat E – General medical practitioner	Procedure	2028.00			
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	4230.00			
06	Inpatients					
0610	Inpatient General ward – Facility Fee	Day		681.00	868.00	1641.00
0611	Inpatient General Ward – General medical practitioner	Day	141.00			
0612	Inpatient General Ward – Specialist medical practitioner	Day	247.00			
0620	Inpatient High care – Facility Fee	12 hours		1057.00	1320.00	1892.00
0621	Inpatient High Care – General medical practitioner	12 hours	73.00			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	140.00			
0630	Inpatient Intensive care – Facility Fee	12 hours		3470.00	3470.00	4148.00
0631	Inpatient Intensive Care – General medical practitioner	12 hours	82.00			
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	156.00			
0640	Inpatient Chronic care – Facility Fee	Day		400.00	400.00	400.00
0641	Inpatient Chronic care – General medical practitioner	Day	46.00			

0642	Inpatient Chronic care – Specialist medical practitioner	Day	108.00			
0643	Inpatient Chronic care – Nursing practitioner	Day	27.00			
0650	Day patient – Facility Fee	Day		567.00	716.00	1048.00
0651	Day patient – General medical practitioner	Day	141.00			
0652	Day patient – Specialist medical practitioner	Day	247.00			
0653	Day patient – Nursing practitioner	Day	82.00			
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		325.00	325.00	325.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	27.00			
0670	Inpatient General ward – Facility Fee	12 hours		341.00	436.00	820.00
0671	Inpatient General Ward – General medical practitioner	12 hours	71.00			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	122.00			
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	46.00			
0680	Inpatient Chronic care – Facility Fee	12 hours		200.00	200.00	200.00
0681	Inpatient Chronic care – General medical practitioner	12 hours	22.00			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	51.00			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	17.00			
07	Mortuary					
0710	Mortuary – Facility Fee	Day		173.00	173.00	197.00
0720	Cremation Certificate – Facility Fee	Certificate		173.00	173.00	197.00
08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		30.00	30.00	38.00
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		25.00	25.00	28.00
0911	Oral Care Cat A – General medical practitioner	Procedure	38.00			
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	45.00			
0914	Oral Care Cat A – Allied health practitioner	Procedure	33.00			
0920	Oral Care Cat B – Facility Fee	Procedure		77.00	77.00	91.00
0921	Oral Care Cat B – General medical practitioner	Procedure	88.00			
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	139.00			
0924	Oral Care Cat B – Allied health practitioner	Procedure	71.00			
0930	Oral Care Cat C – Facility Fee	Procedure		480.00	480.00	550.00
0931	Oral Care Cat C – General medical practitioner	Procedure	531.00			

0932	Oral Care Cat C – Specialist medical practitioner	Procedure	912.00			
0940	Oral Care Cat D – Facility Fee	Procedure		1888.00	1888.00	2161.00
0941	Oral Care Cat D – General medical practitioner	Procedure	1630.00			
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	3344.00			
0950	Oral Care Cat E – Facility Fee	Procedure		6360.00	6360.00	7268.00
0951	Oral Care Cat E – General medical practitioner	Procedure	5481.00			
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	11247.00			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		84.00	84.00	101.00
1011	Outpatient Consultation – General medical practitioner	Visit	93.00			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	216.00			
1013	Outpatient Consultation – Nursing practitioner	Visit	54.00			
1014	Outpatient Consultation – Allied health practitioner	Visit	56.00			
1020	Emergency Consultation – Facility Fee	Visit		170.00	170.00	204.00
1021	Emergency Consultation – General medical practitioner	Visit	141.00			
1022	Emergency Consultation – Specialist medical practitioner	Visit	323.00			
1023	Emergency Consultation – Nursing practitioner	Visit	82.00			
1024	Emergency Consultation – Allied health practitioner	Visit	84.00			
1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		84.00	84.00	101.00
1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	93.00			
1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	216.00			
1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	54.00			
1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	56.00			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		400.00	400.00	479.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	139.00			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	266.00			
1120	Minor Procedure Cat B – Facility Fee	Procedure		400.00	400.00	479.00
1121	Minor Procedure Cat B – General medical practitioner	Procedure	205.00			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	463.00			
1130	Minor Procedure Cat C – Facility Fee	Procedure		400.00	400.00	479.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	322.00			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	724.00			

1140	Minor Procedure Cat D – Facility Fee	Procedure		400.00	400.00	479.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	851.00			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1919.00			
12	<i>Major Theatre Procedures</i>					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1292.00	1892.00	2183.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	139.00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	266.00			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		1955.00	2869.00	3303.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	205.00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	463.00			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3359.00	4928.00	5687.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	322.00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	724.00			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		8612.00	12635.00	14557.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	851.00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1919.00			
13	<i>Treatments</i>					
1310	Supplementary Health Treatment – Facility Fee	Contact		54.00	54.00	65.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	47.00			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	47.00			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		42.00	42.00	46.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	33.00			
14	<i>Emergency Medical Services</i>					
1410	Patient transport service – Facility Fee	100km		358.00	358.00	358.00
1420	Basic life support – Facility Fee	50km		977.00	977.00	977.00
1430	Intermediate life support – Facility Fee	50km		1321.00	1321.00	1321.00
1440	Advanced life support– Facility Fee	50km		2198.00	2198.00	2198.00
1450	Emergency service standby – Facility Fee	Once-Off		474.00	474.00	474.00
1451	Emergency service standby – General medical practitioner	Hour	636.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	856.00			
1453	Emergency service standby – Nursing practitioner	Hour	361.00			
1454	Emergency service standby – Emergency care practitioner	Hour	N/A			

1455	Emergency service standby – Basic life support practitioner	Hour	149.0			
1456	Emergency service standby – Intermediate life support practitioner	Hour	228.00			
1457	Emergency service standby – Advanced life support practitioner	Hour	400.00			
1460	Rescue – Facility Fee	Once-Off		1046.00	1046.00	1046.00
1461	Rescue – General medical practitioner	Incident	1569.00			
1462	Rescue – Specialist medical practitioner	Incident	2352.00			
1463	Rescue – Nursing practitioner	Incident	1046.00			
1464	Rescue – Basic life support practitioner	Incident	N/A			
1465	Rescue – Basic life support practitioner	Incident	160.00			
1466	Rescue – Intermediate life support practitioner	Incident	191.00			
1467	Rescue – Advanced life support practitioner	Incident	436.00			
1470	Emergency transport air services fixed wing	Flying Hour		9631.00	9631.00	9631.00
1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		10577.00	10577.00	10577.00
1490	Emergency service standby – Facility Fee	Additional 50km		219.00	219.00	219.00
15	<i>Assistive Devices & Prosthesis</i>					
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies			
1520	Prosthetic Devices- Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
1540	Assistive Devices & Prosthesis - Item Repairs Fee	Item	Varies			
16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		2718.00	2718.00	3105.00
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	1567.00			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	2347.00			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6111.00	6111.00	6985.00
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1857.00			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	2785.00			
1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		9870.00	9870.00	11282.00
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	3139.00			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	4707.00			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		16673.00	16673.00	19054.00
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	3521.00			
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	5181.00			
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Contact		33.00	33.00	33.00

1710	Laboratory Test	Varies				
18	<i>Radiation Oncology (Refer to proposed list)</i>					
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies			
19	<i>Nuclear Medicines</i>					
1900	Itemisation of Isotopes	Item	Varies			
1910	Nuclear Medicine Cat A - Facility Fee	Procedure		611.00	611.00	611.00
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	303.00			
1920	Nuclear Medicine Cat B- Facility Fee	Procedure		611.00	611.00	611.00
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	9123.00			
1930	Nuclear Medicine Cat C- Facility Fee	Procedure		611.00	611.00	611.00
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1825.00			
1940	Nuclear Medicine Cat D- Facility Fee	Procedure		611.00	611.00	611.00
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2738.00			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		1185.00	1185.00	1185.00
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner	Procedure	3556.00			
20	<i>Ambulatory Procedures</i>					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		128.00	128.00	156.00
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	46.00			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	92.00			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	27.00			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	27.00			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		128.00	128.00	156.00
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	66.00			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	101.00			
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	38.00			
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	38.00			
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		444.00	444.00	444.00
2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		1340.00	1340.00	1340.00
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	566.00			
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	566.00			
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		1350.00	1350.00	1350.00
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	825.00			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	825.00			
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	<i>Autopsy- Facility Fee</i>	Per case		84.00	84.00	101.00
2411	Autopsy- General Practitioner	Per case	93.00			
2412	Autopsy- Specialist Practitioner	Per case	216.00			

CHAPTER SIX

FEES – OTHER

6.1 MORTUARY FEES

Persons who die in a departmental health facility, FREE for the first 48 hours, and thereafter charged according to the UPFS tariffs and level of the hospital. The storage of people that die outside the hospital is charged at the UPFS rate on a daily basis. This charged fee shall be liability to the next of kin or the funeral undertaker to remove the corpse at the hospital. H1 and H0 mortuaries are free of charge.

6.2 ARTIFICIAL AIDS, ASSISTIVE DEVICES, AND ORAL HEALTH PROSTHETICS

All assistive devices should be sold at a cost price taking into consideration the category of the patient.

6.3 COSMETIC SURGERY

A patient who presents at a departmental hospital for the purpose of undergoing **elective** cosmetic surgery must be billed at full UPFS tariffs, payment should be upfront in cash, prior to admission .

6.4 PATIENT TRANSPORT AND AMBULANCE SERVICES FEE:

A patient making use of patient transport or ambulance services (EMS) should pay a tariff according to the patient classification. Patients to be charged are the one collected from home to the public or private hospital or from the scene of the accident to the public or private hospital. A patient transported from one public hospital to another is **free only to the H1, H2 and H3.**

- Where an ambulance is requested for deployment on a standby basis, a charge of **facility fee once off is levied plus the professional fee charged on an hourly rate.** The Head of Department or such other person duly authorized by her/him may authorize the conveyance by **air-ambulance** of a patient who requires emergency, casualty or inpatient treatment. A charge for such conveyance will be levied.
- The Head of the Department or such other person duly authorized by her/him may authorize the use of a **private ambulance service**, for a patient that requires emergency life saving transport where no departmental transport is available within a reasonable period. The normal departmental rate will be levied to the patient in such circumstances.

6.5 REPORTS AND CERTIFICATES:

6.5.1 FREE REPORTS AND CERTIFICATES

The following medical reports/certificates should be completed **FREE:**

(1) medico-legal services in respect of:-

- (i) assault
- (ii) rape

- (iii) driving a motor vehicle while under the influence of alcohol or drugs having a narcotic effect;
 - (iv) mentally ill persons for the purposes of observation in terms of the Mental Health Act, 1973;
 - (v) certification/confirmation of death;
 - (vi) post mortem examinations;
 - (vii) court cases
- (2) Medical reports for private practitioners in respect of Compensation for Occupational Injuries and Diseases (COIDA) {formerly Workmen's' Compensation Act (WCA)} cases treated by medical personnel in the employ of the Department
- (3) Medical reports for review of disability for social support grants.

6.5.2 OTHER REPORTS AND CERTIFICATES

All other reports and certificates may be completed and issued on request and only with the written permission of the patient to any authorized person. All patients must be charged at full UPFS tariffs. Tariff to be charged will include the **Facility fee as per the level of the hospital plus the professional fee.**

Copies of medical reports are also charged as per the UPFS tariffs refer to the revised approved UPFS schedule tariffs.

6.6 BOARDER CHARGES

An application for a boarder to be admitted must be written by the doctor who treated the patient and approved by the Superintendent.

- | | |
|-------------------------------------|---|
| (i) Boarders, boarder baby: PRIVATE | As per the UPFS tariffs.
+ plus nursing fee (if utilised) |
| (ii) Boarders: HOSPITAL PATIENTS | to pay the H1, H2 or H3
tariffs applicable to the patient. |

6.7 CREMATION CERTIFICATE

UPFS tariffs to be charged for the completion of a cremation certificate according to the level of the hospital.

6.8 FEES STRUCTURE FOR PRIVATE HEALTHCARE ESTABLISHMENT.

a. Application fee

R5000.00 (application fee not refundable)

b. Commissioning Inspection fee

R100.00 per bed

R500.00 per major theatre

R500.00 per ICU bed

R300.00 per; minor theatre, endoscopy suite, cardiac cath lab, delivery room etc.

R300.00 per unit: e.g. Radio-diagnostic, Oncology, Renal, pharmacy

c. Annual Relicensing fee

R5000.00

Please note that (a) and (b) are once off payments, (c) is to be paid yearly by each private hospital for the renewal of the certificate.

All fees are to be paid in advance.

CHAPTER SEVEN

7. PROCEDURES

7.1 TREATMENT OF IMMIGRANTS

The following procedures and regulations concern the treatment of foreign patients:-

- 7.1.1 Full UPFS tariffs should be charged in cases where emergency medical services are needed.
- 7.1.2 Visitors who visit the Republic exclusively for medical treatment, as well as tourists who require elective procedures must furnish a **cash full amount for the full cover** of the costs for health services at the full UPFS rates. This rule applies in cases where prior arrangements have been made for such a service and the patient's passport has been endorsed accordingly.
- 7.1.3 An immigrant who lives in the country permanently, but has not yet acquired South African citizenship, foreigners with temporary work permits, as well as persons from neighboring states (e.g. Mozambique, Zambia, etc.) who enter RSA legally, are treated as South African citizens in terms of the appropriate tariffs and procedures.
- 7.1.4 The existing agreements between the health authorities of South Africa and various other countries remain unchanged.

7.2 SCHOOL CHILDREN

- 7.2.1 All school children who are referred with a letter of authority from the school health nursing services or oral health services are treated **FREE** for all treatment arising from such letter of authority.
- 7.2.2 School children who produced their medical aid cards must be classified as **private** patients and pay the full UPFS tariffs.
- 7.2.3 The school nurse or oral health services official should write a letter of referral to the parent(s) advising that the child needs treatment. On production of that letter at a Departmental hospital, the treatment of the **HO**, H1, H2 or H3 school-child-patient would be free.

7.3 PATIENTS WITH MENTAL DISORDERS

- 7.3.1 Patients with mental disorders who undergo a hysterectomy as a sterilization procedure, should be treated **FREE**.

7.4 ISSUING OF ACCOUNTS

- 7.4.1 Hospital **manager and/or management** has more powers in deciding whether or not an account should be set up, and must consider the following actions:-
 - (a) Use of the delegation for free treatment or treatment at a reduced rate, where payments cannot be obtained on admission.
 - (b) This delegation may only be exercised where insufficient information exists regarding the debtor details or where financial and family circumstances are such that there is sufficient reason to believe that no payment will be received upon setting up an account.

7.4.2 Hospital Management should consider the following steps in the collection of revenue:-

- (a) Obtain cash payments as far as possible from all paying patients..
- (b) Issue an account immediately for all owing patients before they leave the hospital or as per the Debt Management policy.

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001.
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065

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