

**Provinsiale  
Koerant**



**Provincial  
Gazette**

**Provinsie Vrystaat**

**Free State Province**

Uitgegee op Gesag

Published by Authority

No. 70

FRIDAY, 28 September 2001

**DEPARTMENT OF HEALTH**

No.	Index	Page
<b>PROVINCIAL NOTICES</b>		
167	Regulations on fees for health services in the Free State	2
168	Regulations on ambulance fees in the Free State	46

The Afrikaans version of the above-mentioned Regulations will be published at a later stage.

## PROVINCIAL NOTICE

---

[No. 167 of 2001]

### REGULATIONS ON FEES FOR HEALTH SERVICES IN THE FREE STATE

Under section 16 of the Free State Hospitals Act, 1996 (Act No. 13 of 1996), I, Anna Tsopo, Member of the Executive Council of the Province responsible for Health, hereby make the regulations as set out in the Schedule.

### SCHEDULE

#### Definitions

1. In these Regulations, unless the context otherwise indicates –

“**annual income**” means a person’s annual gross income as determined in terms of the Income Tax Act, 1962 (Act No. 58 of 1962);

“**Benefit Scale Tariffs**” means the latest Recommended Scales of Benefits of the Board of Healthcare Funders of Southern Africa;

“**boarder**” means a person who, with the consent of the chief executive officer, is admitted to a hospital because his or her presence is, in the opinion of a medical practitioner, essential for the recuperation of a patient in such hospital;

“**casualty**” means any injury or acute medical condition that will probably bring about death, retardation, a serious or permanent scar or illness if not treated immediately;

“**casualty patient**” means a patient who receives emergency treatment –

- (a) in a casualty division on an emergency basis; or
- (b) in an outpatient division outside normal working hours;
- (c) in a referral room at the tertiary hospital.

“**casualty treatment**” means the emergency treatment a casualty patient receives;

“**chief executive officer**” means the person referred to in section 2(3) of the Act, or someone who has been authorised by him or her to act on his or her behalf;

“**dependant**” means a person who is entirely dependent on someone else for his or her maintenance;

**“district hospital”** means –

- (a) the hospitals at Bothaville, Botshabelo, Clocolan, Ficksburg, Frankfort, Harrismith, Heilbron, Hoopstad, Jagersfontein, Ladybrand, Odendaalsrus, Parys, Reitz, Sasolburg, Senekal, Smithfield, Virginia, Vrede, Winburg and Zastron;
- (b) the Elizabeth Ross Hospital at Namahali;
- (c) the Moroka Hospital at Thaba Nchu;
- (d) the National Hospital at Bloemfontein; and
- (e) the Phekolong Hospital at Bethlehem;

**“donor”** means a person admitted to a hospital specifically for the donation of an organ for transplant purposes, or a person who dies in a hospital and who obtained donor-status by the permission given by his or her relatives for the donation of one or more of his or her organs : Provided that the expression “organ” shall also include blood, mother’s milk or tissue;

**“external company”** means an external company as defined in section 1 of the Income Tax Act, 1962;

**“family unit”** means –

- (a) a married couple (irrespective of whether they are married in or out of community of property) with or without a dependant; or
- (b) a single parent or a person with a dependant;

**“foreign patient”** means a patient who is ordinarily resident outside the borders of the Republic, including a foreign tourist or an employee of an external company visiting the Republic, but excluding the following:

- (a) foreigners who have been legally residing in the Republic for longer than 6 months;
- (b) persons who have illegally entered the Republic from neighbouring states; and
- (c) pregnant women and children under 6 years, who are ordinarily resident outside the borders of the Republic, but develop a health problem while in the Republic;

**“government department”** means a department referred to in section 1(1) of the Public Service Act, 1994;

**“health worker”** means an individual providing health services who is registered with an appropriate board or council;

**“high-risk complex”** means a specially equipped complex in a hospital where specially trained nurses are on duty on a full-time basis, and are supported by medical personnel on standby;

**“hospital”** means a tertiary, regional or a district hospital which is a provincial hospital referred to in section 1 of the Act;

**“hospital patient”** means a patient referred to in regulation 2(3);

**“inpatient”** means a patient who has been admitted to a hospital for treatment and occupies a bed;

**"inpatient treatment"** means the medical treatment received by an inpatient in a hospital;

**"intensive care complex"** means a specially equipped complex in a hospital established for the intensive care of seriously ill patients, and where specially trained medical and nursing staff are on duty on a full-time basis;

**"local authority"** means a municipality referred to in section 155(6) of the Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996);

**"minister"** means the Minister of Health;

**"net assets"** means the total value of a person's fixed, movable and financial assets, excluding domestic articles and his or her total liabilities;

**"normal working hours"** means the hours from 07:00 to 17:00 on a Monday to Friday, excluding a public holiday;

**"official medical practitioner"** means a medical practitioner who is in the full-time or part-time employ of the Department of Health;

**"oral health services"** means the provision of treatment to patients suffering from oral diseases by part-time or full-time oral health personnel;

**"other appliance"** means any appliance other than an orthopaedic appliance and crutches, which is required by a handicapped person to facilitate physical movement;

**"outpatient"** means a patient who is treated in the outpatient division of a hospital;

**"outpatient treatment"** means the medical treatment received by an outpatient;

**"patient"** means a hospital patient or private patient, as the case may be;

**"private medical practitioner"** means a medical practitioner who is not in the full-time or part-time employ of the Department of Health : Provided that a medical practitioner performing remunerative work outside the public sector, when he or she acts in that capacity, shall be regarded as a private medical practitioner;

**"private patient"** means a patient referred to in regulation 2(4);

**"procedure room"** means a room in a tertiary or regional hospital, where surgery and procedural treatments take place in conditions that do not meet the strict aseptic requirements applicable to a theatre;

**"prosthesis"** means a fabricated artificial substitute for a part of the body that is diseased or missing, surgically implanted, and shall include all constituent parts like pins, rods, screws, plates or similar items which are an integral and essential part of the implantation, and shall be charged as a single unit;



**"public holiday"** means a public holiday referred to in section 2 of the Public Holidays Act, 1994 (Act No. 36 of 1994);

**"purchase cost"** means the latest known purchase price of an article obtained by a hospital, and which includes value-added tax, as determined by the Value-Added Tax Act, 1991 (Act No. 89 of 1991);

**"referral letter"** means an official document issued by a health worker giving a patient access to the appropriate level of care and which can be on an H301 form or appropriate letter indicating the health worker's registered or practice number;

**"regional hospital"** means –

- (a) the Boitumelo Hospital at Kroonstad;
- (b) the Goldfields Regional Hospital at Welkom;
- (c) the Pelonomi Hospital at Bloemfontein;
- (d) the Regional Hospital at Bethlehem;
- (e) the Manapo Hospital at Phuthaditjaba; and
- (f) the Free State Psychiatric Complex at Bloemfontein;

**"relative"** means a family member of a patient who, with the authorisation of the chief executive officer or delegated officials, is admitted to a hospital for an examination to assist in diagnosing such a patient;

**"Republic"** means the Republic of South Africa referred to in section 1 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);

**"resident baby"** means a newborn baby who does not need medical treatment as nursery care but whose mother is still a maternity patient;

**"resident child"** means an infant who receives no medical or nursing care, and who is nursed and cared for by his or her mother, who is a patient;

**"simple treatment"** means the routine treatment received by a patient over a period of 30 days (for example the follow-up of blood pressure readings, replacement of bandages and so forth);

**"tertiary hospital"** means the Universitas Hospital including the National Hospital where level III and level IV services are rendered;

**"tertiary services"** means the services rendered at Universitas Hospital, including level III and level IV services rendered at divisions of the following hospitals:

- (a) the Spinal-, Burns-, P4-and Trauma units at the Pelonomi Hospital at Bloemfontein;
- (b) the Ophthalmology-, Oncotherapy-, Dermatology- and Orthopaedic Departments at the National Hospital at Bloemfontein;

**"the Act"** means the Free State Hospitals Act, 1996 (Act No. 13 of 1996);

**“theatre”** means a room in a hospital where surgery and procedural treatments take place in a sterile environment;

**“therapeutic treatment”** means the treatment, instruction and counseling sessions given to a patient to improve his or her illness or other problems;

**“uniform patient fee schedule”** means the schedule published from time to time by the Minister in the Government Gazette in terms of the Regulations Governing the Establishment and Maintenance of a Uniform Patient Fee Schedule,

and any other word or expression to which a meaning has been assigned in the Act, shall have the meaning thus assigned to it.

### Classification of patients

2. (1) Upon admission to a hospital, a patient shall be classified by the chief executive officer or delegated officials as a foreign patient, hospital patient or private patient.
- (2) A patient shall furnish such information and submit such proof as the chief executive officer or delegated officials may require of him or her, in order to be able to make a classification in terms of subregulation (1).
- (3) (a) A hospital patient is a patient who –
  - (i) is classified as an H1, H2, H3 or H4 hospital patient in terms of paragraph (b); and
  - (ii) subject to the proviso to subregulation (4), is treated in a hospital by an official medical practitioner.
- (b) A patient shall be classified –
  - (i) as an H0-hospital patient if he/she has no income or if he/she complies with the specification as set out in Regulation 8;
  - (ii) as an H1-hospital patient if –
    - (aa) he or she as a single person without a dependant –
      - (aaa) has an annual income of R1 to R17 000; or
      - (bbb) is the owner of net assets with a value of less than R68 000; or
    - (bb) he or she is a member of a family unit which –
      - (aaa) has an annual income of R1 to R30 000; or

- (bbb) is the owner of net assets with a value of less than R113 000; or
  - (cc) he or she submits proof that he or she receives a social pension or allowance and is not treated by a private medical practitioner;
- (ii) as an H2 hospital patient if –
  - (aa) he or she as a single person without a dependant –
    - (aaa) has an annual income of R17 001 to R25 000; or
    - (bbb) is the owner of net assets with a value of R68 001 to R87 000; or
  - (bb) he or she is a member of a family unit which –
    - (aaa) has an annual income of R30 001 to R43 000; or
    - (bbb) is the owner of net assets with a value of R113 001 to R159 000;
- (iii) as an H3 hospital patient if –
  - (aa) he or she as a single person without a dependant –
    - (aaa) has an annual income of R25 001 to R34 000; or
    - (bbb) is the owner of net assets with a value of R87 001 to R126 000; or
  - (bb) he or she is a member of a family unit which –
    - (aaa) has an annual income of R43 001 to R55 000; or
    - (bbb) is the owner of net assets with a value of R159 001 to R212 000; or
  - (cc) he or she is not a member of a medical fund, but is entitled to the benefits of a hospital plan : Provided that the patient has not been classified as a private or an H4-hospital patient;
- (iv) as an H4 hospital patient if –
  - (aa) (i) he or she as a single person without a dependant –
    - (aaa) has an annual income of more than R34 000; or

- (bbb) is the owner of net assets with a value of more than R126 000; or
  - (ii) he or she is a member of a family unit which –
    - (aaa) has an annual income of more than R55 000; or
    - (bbb) is the owner of net assets with a value of more than R212 000; and
  - (iii) the chief executive officer or delegated officials has granted permission that he or she be treated as an H4 hospital patient; or
- (bb) he or she is treated in a hospital on the account of a government department, a local authority or a foreign government; or
- (cc) he or she is a member of a medical aid or provident scheme registered in terms of the law : Provided that such a patient's membership of a medical aid or provident scheme shall not be taken into account for classification purposes in a case where –
- (i) he or she is, at the time of his admission to the hospital, not yet entitled to benefits in terms of the medical aid or provident scheme;
  - (ii) he or she will not receive benefits in terms of the medical aid or provident scheme in respect of the treatment of the illness or procedure for which he or she is admitted to the hospital; or
  - (iii) his or her benefits in terms of the medical aid or provident scheme were exhausted at the time of his or her admission to the hospital.
- (4) A private patient is a patient who is treated by a private medical practitioner in a hospital, or who chooses his/her own doctor, irrespective of his or her annual income or the value of his or her net assets: Provided that where it appears that a private patient, who is being treated by a medical practitioner performing remunerative work outside the public sector, is not capable of bearing the cost of the medical treatment, such patient may be reclassified as a hospital patient by the chief executive officer or delegated officials.

#### Fees for inpatient treatment

3. A patient who receives inpatient treatment, shall be liable for the payment of the following fees:

		In a district hospital	In a regional hospital	In a tertiary hospital
(a)	<b>Hospital patient</b>			
(aa)	<b>An admission fee:</b>			
(i)	An H1 hospital patient	R 45,00	R 50,00	R 55,00;
(ii)	An H2 hospital patient	R225,00	R250,00	R280,00;
(iii)	An H3 hospital patient	R335,00	R375,00	R420,00;
(bb)	<b>and thereafter per 30 days or part of a period of 30 days:</b>			
(i)	An H1 hospital patient	R 45,00	R 50,00	R 55,00;
(ii)	An H2 hospital patient	R225,00	R250,00	R280,00;
(iii)	An H3 hospital patient	R335,00	R375,00	R420,00.

#### Fees for outpatient and casualty treatment

4. (1) (a) Subject to the provisions of subregulation (2) a patient who receives outpatient or casualty treatment, shall be liable for the payment of the following fees in respect of every visit:

		In a district hospital	In a regional hospital	In a tertiary hospital
(i)	An H1 hospital patient	R 18,00	R 30,00	R 35,00;
(ii)	An H2 hospital patient	R 35,00	R 55,00	R 65,00;
(iii)	An H3 hospital patient	R 50,00	R 75,00	R 95,00:

Provided that a patient who visits the outpatient division of a tertiary or regional hospital (excluding a casualty patient) without an official referral letter, shall be liable to pay an additional amount of R250-00 in cash.

- (b) An H1, H2 or H3 hospital patient visiting various clinics on the same day shall only be liable for the fees of one visit.
- (2) The following patients, however, shall not be liable for the payment of the fees referred to in subregulation (1):
  - (a) a patient who, immediately after treatment in an outpatient or casualty division of a hospital, is admitted as an inpatient;
  - (b) a patient who visits an outpatient division of a hospital to be informed of the results of tests which were performed on him or her during previous examinations;
  - (c) a patient who is referred by a private medical practitioner to the outpatient division of a hospital (excluding a tertiary hospital) with the sole purpose of receiving a service referred to in regulation 7.

#### Fees for H4- and private patients

- 5. Fees in respect of H4 - and private patients shall be levied at the uniform patient fee schedule tariffs prescribed in Annexure A hereto.

#### Fees for therapeutic treatment

- 6. (a) A patient who visits the outpatient division of a hospital to receive therapeutic treatment, shall be liable for the payment of the following fees in respect of each visit:

	In a district hospital	In a regional hospital	In a tertiary hospital
(i) An H1 hospital patient	R18,00	R30,00	R 35,00;
(ii) An H2 hospital patient	R35,00	R55,00	R 65,00;
(iii) An H3 hospital patient	R50,00	R75,00	R 95,00.

- (b) A patient who visits an outpatient division of a hospital for the sole purpose of undergoing group therapy or a course of therapeutic treatments, excluding PUVA treatment for dermatologic conditions shall notwithstanding the provisions of paragraph (a) pay the following fees:

- (i) An H1 hospital patient R70,00;
- (ii) An H2 hospital patient R130,00;
- (iii) An H3 hospital patient R190,00;

Provided that irrespective of the number of treatments or visits paid in a period of 30 days, the fees shall be charged every 30 days as if the patient received only one treatment or paid only one visit in that period of 30 days.

- (c) With the approval of the Chief Executive Officer, patients who within the space of a period of 30 days, must repeatedly visit an institution for the control of simple treatment, may pay the same fees as set out in paragraph (b).

**Fees for every type of diagnostic, laboratory, computerised tomography, magnetic resonance, eye field examinations and laser therapy**

- 7. (1) No fees shall be payable by an H1, H2 or H3 hospital patient for diagnostic, laboratory, computerised tomography, magnetic resonance, eye field examinations or laser therapy and all imaging procedures according to the uniform patient fee schedule.
- (2) The cost of laboratory examinations provided by the South African Institute for Medical Research or a private pathologist to a private patient or an H4 hospital patient, shall be paid directly to the aforementioned organisation or pathologist by the patient concerned.
- (3) Tariffs for laboratory examinations at a tertiary hospital shall be levied in accordance with the Benefit Scale Tariffs: Provided that if such an examination is carried out by a private medical practitioner and he or she uses hospital apparatus, a tariff of 33 1/3% of the relevant medical benefit scale tariff rounded off to the next Rand, must be levied.

**Free medical treatment and provision of free lodging**

- 8. (1) Notwithstanding any provisions to the contrary contained in these regulations, medical treatment shall be provided free of charge by an official medical practitioner in a hospital to the following patients, excluding foreign patients:
  - (a) a resident baby, but only if the mother has been classified as an H1, H2 or H3 hospital patient;
  - (b) a relative;
  - (c) a donor;
  - (d) a person who is specifically admitted for tertiary examination purposes for the continuous evaluation of students in practical and clinical work;



- (e) school children who can be classified as H1 hospital patients, and who are referred by school nursing services or oral health services with a school authorisation certificate, for all treatment arising from such authorisation certificate;
- (f) a person who, as a suspected or confirmed case, is admitted to a hospital for one or more of the following diseases:
  - (i) venereal diseases, which include the following : syphilis, gonorrhoea, chancroid, lymphogranuloma venereum, urethritis (non-specific), venereal warts, granuloma inguinale, ulcus molle and herpes genitalis;
  - (ii) tuberculosis;
  - (iii) leprosy;
  - (iv) cholera;
  - (v) diphtheria;
  - (vi) plague;
  - (vii) typhoid and paratyphoid fever;
  - (viii) haemorrhagic fever diseases; and
  - (ix) meningococcus meningitis;

Provided that if it is discovered during the treatment of a patient who has been admitted to the hospital for another disease, that he or she suffers from one of the aforementioned diseases, the patient shall remain liable, in so far as the treatment of the disease for which he or she was originally admitted is concerned, for payment of the hospital fees applicable to him or her: Provided further that, in the case of a disease mentioned in subparagraph (i), only the treatment applied in the outpatient division, shall be free of charge;

- (g) any officer or employee in the service of the Department of Health who –
  - (i) in the performance of his or her official duties, handled or came into contact with any drug, poison, gas, radio-active substance, radio-therapeutic or diagnostic equipment or other electronic equipment, and is for this reason compelled to undergo a medical examination and to receive treatment;
  - (ii) is injured on duty; or
  - (iii) as a condition of service, is entitled to free medical treatment during his or her period of service;

- (h) any person treated for family planning purposes as part of a family planning programme –
  - (i) as an outpatient at a family planning clinic (including cervical smears for H1, H2 or H3 hospital patients);
  - (ii) to undergo a sterilisation operation;
  - (iii) to receive maternity treatment after the patient, despite a sterilization operation under the family planning programme, became pregnant again;
  - (iv) after giving birth, to undergo a post-partum sterilisation operation as part of the family planning programme;
  - (v) for complications resulting from a sterilisation operation which such patient underwent under the family planning programme; or
  - (vi) to undergo a scheduled sperm count after a vasectomy was performed on such patient (excluding tertiary services);
- (i) a person who is referred as an outpatient for an examination in terms of the provisions of section 37 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977);
- (j) a mentally ill person who needs pre-admission examination before admission to a psychiatric institution;
- (k) an H1, H2 or H3 hospital patient excluding tertiary patients to whom a home visit is paid by medical, paramedical or nursing staff who are in the employ of the Department of Health;
- (l) a person to whom general health counselling services and screening examinations (including oral health but excluding special examinations and laboratory examinations) are provided;
- (m) a person who reports at a hospital for immunisation and other measures to combat notifiable diseases within primary health care facilities;
- (n) certain selected retired physicians, known as honorary medical consultants, who do not belong to a medical aid or provident scheme;
- (o) pregnant women and children under the age of 6 years, including foreign patients, who are not members of a medical aid or provident scheme: Provided that if these patients are treated by a private medical practitioner, only the hospitalisation shall be free of charge;
- (p) a person who undergoes an abortion;

- (q) children who, in terms of section 15 of the Child Care Act, 1983 (Act No. 74 of 1983), are committed to the care of a children's home, school of industries, place of safety or foster parents;
  - (r) in the case of the following examinations which are requested by a responsible government institution:
    - (i) the examination of the alleged victim of an assault, rape or sexual molesting and the taking and analysing of samples;
    - (ii) the examination of prisoners and detainees for medico legal purposes with a view to their referral for observation in terms of the Mental Health Act, 1973 (Act No. 18 of 1973);
    - (iii) the carrying out of autopsies and the attendance of exhumations; and
  - (s) any officer or employee in the Public Service who is referred as an outpatient to be evaluated by a Medical Board (excluding special examinations, laboratory examinations and prescriptions).
- (2) Notwithstanding the provisions of these regulations –
- (a) a member of the resident hospital staff who suffers from a minor ailment, may be admitted to a hospital as an inpatient free of charge for a period of not longer than three days:

Provided that the chief executive officer or delegated officials certifies in every case that the person concerned is treated in the hospital instead of the hostel, for reasons of convenience and not for medical reasons: Provided further that the staff member concerned shall pay full board and lodging in the home;
  - (b) outpatient treatment may be rendered free of charge to hospital staff in the following cases:
    - (i) compulsory routine examinations;
    - (ii) immunisation measures for the prevention of contagious diseases;
    - (iii) examinations for monitoring sick leave;
    - (iv) examinations and blood tests where it is suspected that a staff member is on duty under the influence of intoxicating liquor or other drugs; and
    - (v) minor ailments for which uncomplicated treatment and medication are required for a period of not longer than 24 hours;

- (c) free lodging can be provided in a hospital to –
  - (i) a boarder, but only if the patient in whose interest he or she has been admitted, has been classified as an H1, H2 or H3 hospital patient;
  - (ii) a resident child, but only if the mother has been classified as an H1, H2 or H3 hospital patient.

#### Fees in respect of foreign patients

9. (1) A foreign patient who –
- (a) is on a temporary visit to the Republic and requires emergency medical treatment, shall be regarded as a private patient;
  - (b) specially and on his or her own responsibility visits the Republic exclusively for medical treatment (including pregnant women and children under 6 years), as well as tourists who wish that they be given elective medical treatment at a hospital, shall be liable for payment of such treatment at double the tariff applicable to a private patient.

#### Fees for medicine

10. (1) Medicine to be taken out of a hospital free of charge, may be supplied to –
- (a) an H1, H2 or H3 hospital patient;
  - (b) a private patient or an H4 hospital patient, but only in a case where –
    - (i) the medicine which he or she receives, is required for home consumption after discharge from a casualty division, and the quantity of medicine thus issued is for use for a period not exceeding 24 hours; or
    - (ii) he or she suffers from a disease referred to in regulation 8(1)(f) and the medicine he or she receives, is directly related to the disease concerned.
- (2) (a) Medicine on the official code list may be supplied on payment to a private patient or an H4 hospital patient to be taken out of a hospital, if –
- (i) such medicine is of the oncotherapy, peritoneal or haemo dialysis substances or other substances determined by the Head : Department of Health from time to time;
  - (ii) such medicine is needed by a transplant patient;

- (iii) the chief executive officer or delegated officials of the hospital approves that the medicine, which must be prescribed by an official medical practitioner, be supplied to such patient on account of his or her financial and other personal circumstances; or
    - (iv) the chief executive officer or delegated officials of the hospital has satisfied himself or herself that the patient cannot reasonably obtain the medicine concerned, which is urgently required for the treatment of his or her condition, locally from another source.
  - (b) A patient to whom medicine is issued in terms of the provisions of paragraph (a), shall remunerate the hospital for the purchase cost of such medicine, plus 50%.
- (3)
  - (a)
    - (i) No fees shall be levied against an H1, H2 or H3 hospital patient in respect of medicine administered to him or her during inpatient or casualty treatment.
    - (ii) The following fees is payable by an H1, H2 or H3 hospital patient in respect of a prescription issued to him or her during outpatient or casualty treatment:
      - (aa) In a district hospital R 3,00;
      - (bb) In a regional hospital R 9,00;
      - (cc) In a tertiary hospital R15,00.

#### Fees for blood and blood products

- 11.
  - (1) No fees shall be payable for blood and blood products supplied to an H1, H2 or H3 hospital patient.
  - (2) The cost of blood and blood products, which are supplied by the South African Blood Transfusion Service and are administered to a private patient or an H4 hospital patient during treatment in a hospital, shall be paid by the patient concerned, directly to the aforementioned Blood Transfusion Service: Provided that where such blood and blood products were supplied by another blood transfusion service, the patient shall remunerate the purchase cost thereof to the hospital concerned.
  - (3) Notwithstanding the provisions of subregulation (2), a private patient or an H4 hospital patient who receives factor VIII, factor IX and proplex or an equivalent as an in- or outpatient to be taken out of the hospital, shall be liable for the fee of R400.00:

Provided that these substances will only be made available to foreign patients with the consent of the chief executive officer or delegated officials of the hospital concerned.

**Fees for X-rays for the diagnosis of pneumoconiosis**

12. (1) X-rays in connection with pneumoconiosis examinations may be taken of persons at the request of the Bureau for Occupational Diseases, magistrates, medical officers and officers of a government department, at the prescribed tariffs of the uniform patient fee schedule: Provided that no fees shall be charged for the visit to the outpatient division.
- (2) The Bureau for Occupational Diseases shall be liable for the payment of the tariff mentioned in subregulation (1).

**Fees for orthopaedic appliances, prosthesis, other appliances and crutches**

13. (1) (a) An H1-, H2- or H3-hospital patient to whom an orthopaedic appliance, prosthesis, other appliances or crutches are provided by a hospital, shall be liable for the payment of the fees as set out opposite the item concerned in Annexure B. H4- and private patients are liable for the fees as set out in the uniform patient fee schedule.
- (b) Notwithstanding the provisions of paragraph (a), if an official medical practitioner certifies that the issuing of a pair of crutches –
- (i) will obviate the admission of a person as an H1 hospital patient to a hospital for inpatient treatment; or
- (ii) will shorten such a patient's stay in hospital as an inpatient, a pair of crutches may be issued to such a person free of charge.
- (c) Steps must be taken to recover crutches issued in terms of the provisions of paragraph (a) or (b).
- (2) If an orthopaedic appliance or other appliance is prescribed for an H4 hospital patient by an official medical practitioner, or by a private medical practitioner to a private patient in a case where such appliance is not obtainable or manufactured in the private sector, and it is manufactured or repaired in a hospital, the following fees shall be levied against the patient concerned:
- (a) labour costs calculated at R37,00 per hour; plus
- (b) the purchase cost of the material used; plus
- (c) a levy of 15% on the total of the amounts, calculated according to paragraphs (a) and (b).

**Fees for implantations**

14. (1) Temporary and permanent implantations shall be supplied on a contribution of cost basis as stipulated hereunder:



- (a) H0 hospital patient: 0 % contribution of cost;
  - (b) H1 hospital patient: 10 % contribution of cost;
  - (c) H2 hospital patient: 25 % contribution of cost;
  - (d) H3 hospital patient: 50 % contribution of cost;
  - (e) H4- and private patient 100% contribution of cost.
- (2) The cost for the borrowing of a set of instruments which is required to perform the operation referred to in subregulation (1), must be paid by a private patient or an H4 hospital patient to the hospital concerned.

#### Fees in respect of mortuaries

15. The fees payable for the storage of a corpse in a mortuary at a hospital shall be as follows:

- (a) In a case where the deceased died in the hospital or on the hospital grounds as an inpatient, outpatient or casualty patient, or was brought to the hospital as an emergency case and was certified dead on arrival at the hospital –
  - (i) no fees shall be payable if the deceased was an H1, H2 or H3 hospital patient.
- (b) If a corpse is preserved for training purposes, no fees shall be payable.

#### Fees for shrouds

16. No fees shall be payable when a shroud is supplied for any person who died in a hospital or on the hospital grounds as an inpatient, outpatient or casualty patient.

#### Fees for post-mortems

17. The fees payable in respect of a post-mortem shall be the following:

- (a) If the deceased died in the hospital or on the hospital grounds as an inpatient, outpatient or casualty patient, no fees shall be charged for a post-mortem carried out at the hospital: Provided that this provision shall not apply in the case of unnatural deaths;
- (b) If the deceased died in circumstances other than those mentioned in paragraph (a), R100,00 shall be charged per post-mortem and, if the body stays in the mortuary for longer than 24 hours, R100,00 shall be charged for every subsequent 24 hours or part thereof, and all fees determined in this paragraph, shall be payable by the institution that requested the post-mortem;
- (c) If a post-mortem is carried out for training purposes, no fees shall be payable.



**Fees payable for medical reports and other records**

18. (1) No fees shall be payable if –
- (a) a medical report or certificate is issued in respect of –
    - (i) an application for employment in the public service;
    - (ii) medico-legal services in connection with –
      - (aa) assault;
      - (bb) rape;
      - (cc) driving a vehicle under the influence of intoxicating liquor or drugs;
      - (dd) a mentally ill person, with a view to referral for observation in terms of the Mental Health Act, 1973;
      - (ee) a certification or confirmation of death; and
      - (ff) a post-mortem.
    - (iii) an application for an original sick-leave certificate;
  - (b) a medical report is issued by a medical practitioner in respect of –
    - (i) a private inpatient or outpatient; or
    - (ii) a case in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993), who was treated by an official medical practitioner.
- (2) If a report or certificate other than those mentioned in subregulation (1), is requested by an authorised person or organisation, such report or certificate may be made available on payment of an amount according to the uniform patient fee schedule tariffs.
- (3) If only copies are made of hospital records, a report or a certificate, the person or organisation who requested such copies, shall pay an amount of R100.00, before those copies will be made available.

**Fees payable for a visit to a primary health care centre or a community health centre**

19. A patient who receives treatment, excluding level III and level IV oral health services in a primary health care centre or a community health centre of a hospital, shall be liable for the payment of the following fees in respect of every visit:

- (a) In a community health centre where full-time medical treatment by a medical practitioner is available:
- (i) As an outpatient:  
An H1, H2, H3 or H4 hospital patient      Free of charge;
- (ii) As an inpatient:  
An H1, H2, H3 or H4 hospital patient      Free of charge.
- (b) In a primary health care centre where medical treatment by a medical practitioner is not available on a full-time basis, but services are rendered full-time by professional nurses:
- (i) As an outpatient:  
An H1, H2, H3 or H4 hospital patient      Free of charge;
- (ii) As an inpatient:  
An H1, H2, H3 or H4 hospital patient      Free of charge.
- (c) In a case where a home visit is paid:  
An H1, H2, H3 or H4 hospital patient      Free of charge.
- (d) In a case where a mobile clinic or an occasional visiting point of a hospital which is not served on a full-time basis, is visited:  
An H1, H2, H3 or H4 hospital patient      Free of charge.
- (e) In a case where a mobile radiological unit of a hospital is visited:  
An H1, H2, H3 or H4 hospital patient      Free of charge.

#### **Fees payable for after-care service operated from a hospital**

20. The fees payable for an after-care service operated from a hospital, excluding tertiary hospitals, are as follows:
- An H1, H2, H3 or H4 hospital patient      Free of charge.

#### **Other tariffs**

21. (a) **Oxygen:**
- If oxygen is in exceptional cases with the consent of the chief executive officer or delegated officials, dispensed from a hospital to a private patient or an H4 hospital patient, the patient shall pay the following amount per cylinder plus 30 % handling fees:

In all hospitals R150,00:

Provided that the cylinder shall remain the property of the supplier.

**Fees payable for non-pharmaceutical substances or medical consumables.**

22. If non-pharmaceutical substances or medical consumables are in exceptional cases with the consent of the Chief Executive Officer or delegated officials, dispensed from the hospital to a private patient or an H4 hospital patient, for example stoma and renal patients, the patient shall pay the purchase cost thereof plus 30 %.

**Fees for oral health**

23. (a) An H1-, H2- and H3 hospital patient who receives oral health services, shall be liable for the payment of the fees as set out opposite the item concerned in Annexure C.
- (b) A private or H4 hospital patient who receives oral health services, shall be liable for the payment of the fees as set out in the uniform patient fee schedule.

**Repeal**

24. The Regulations on Hospital Fees in the Free State, 1998, promulgated by Provincial Notice No. 50 of 14 April 2000, are hereby repealed.

**Short title and commencement**

25. These Regulations shall be called the Regulations on Fees for Health Services in the Free State, 2001, and shall come into operation on 1 October 2001.

## ANNEXURE A

## UPFS 2001 Fee Schedule

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
01	Anaesthetics					
0111	Anaesthetics Cat A - General medical practitioner	Procedure	R 91			
0112	Anaesthetics Cat A - Specialist medical practitioner	Procedure	R 136			
0121	Anaesthetics Cat B - General medical practitioner	Procedure	R 153			
0122	Anaesthetics Cat B - Specialist medical practitioner	Procedure	R 230			
0131	Anaesthetics Cat C - General medical practitioner	Procedure	R 541			
0132	Anaesthetics Cat C - Specialist medical practitioner	Procedure	R 812			
02	Confinement					
0210	Confinement - Facility Fee	Incident		R 1 572	R 1 572	R 1 925
0211	Confinement - General medical practitioner	Incident	R 939			
0212	Confinement - Specialist medical practitioner	Incident	R 1 202			
0213	Confinement - Nursing practitioner	Incident	R 950			
03	Dialysis					
0310	Haemo - Facility Fee	Session		R 480	R 480	R 500
0311	Haemo-dialysis - General medical practitioner	Session	R 100			
0312	Haemo-dialysis - Specialist medical practitioner	Session	R 120			
0320	Peritoneal Dialysis - Facility Fee	Session		R 121	R 121	R 145
0321	Peritoneal Dialysis - General medical practitioner	Session	R 145			
0322	Peritoneal Dialysis - Specialist medical practitioner	Session	R 145			
04	Medical Reports					
0410	Medical Report - Facility Fee	Report		R 57	R 57	R 69
0411	Medical Report - General medical practitioner	Report	R 109			
0412	Medical Report - Specialist medical practitioner	Report	R 163			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE			
				LEVEL 1	LEVEL 2	LEVEL 3	
<b>05</b>	<b>Imaging</b>						
0510	Radiology, Cat A - Facility Fee	Procedur e		R 28	R 28		R 33
0511	Radiology, Cat A - General medical practitioner	Procedur e	R 29				
0512	Radiology, Cat A - Specialist medical practitioner	Procedur e	R 55				
0514	Radiology, Cat A - Allied health practitioner	Procedur e	R 28				
0520	Radiology, Cat B - Facility Fee	Procedur e		R 79	R 79		R 94
0521	Radiology, Cat B - General medical practitioner	Procedur e	R 84				
0522	Radiology, Cat B - Specialist medical practitioner	Procedur e	R 157				
0524	Radiology, Cat B - Allied health practitioner	Procedur e	R 79				
0530	Radiology, Cat C - Facility Fee	Procedur e		R 373	R 373		R 447
0531	Radiology, Cat C - General medical practitioner	Procedur e	R 277				
0532	Radiology, Cat C - Specialist medical practitioner	Procedur e	R 761				
0540	Radiology, Cat D - Facility Fee	Procedur e		R 950	R 950		R 1 140
0541	Radiology, Cat D - General medical practitioner	Procedur e	R 921				
0542	Radiology, Cat D - Specialist	Procedur e	R 1 908				
<b>06</b>	<b>Inpatients</b>						
0610	Inpatient General ward - Facility Fee	Day		R 573	R 573		R 688
0611	Inpatient General ward - General medical practitioner	Day	R 66				
0612	Inpatient General ward - Specialist medical practitioner	Day	R 85				
0620	Inpatient High care - Facility Fee	12h		R 689	R 689		R 827
0621	Inpatient High care - General medical practitioner	12h	R 33				
0622	Inpatient High care - Specialist medical practitioner	12h	R 42				
0630	Inpatient Intensive care - Facility Fee	12h		R 1 295	R 1 295		R 1 554
0631	Inpatient Intensive care - General medical practitioner	12h	R 33				
0632	Inpatient Intensive care - Specialist medical practitioner	12h	R 42				
0640	Inpatient Chronic care - Facility Fee	Day		R 464	R 464		R 464

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
0641	Inpatient Chronic care - General medical practitioner	Day	R 66			
0642	Inpatient Chronic care - Specialist medical practitioner	Day	R 85			
0643	Inpatient Chronic care - Nursing practitioner	Day	R 44			
0650	Day patient - Facility Fee	Day		R 278	R 278	R 334.00
0651	Day patient - General medical practitioner	Day	R 66			
0652	Day patient - Specialist medical practitioner	Day	R 85			
0653	Day patient - Nursing practitioner	Day	R 44			
0660	Inpatient Boarder - Facility Fee	Day		R 299	R 299	R 359
0663	Inpatient Boarder - Nursing practitioner	Day	R 44			
<b>07</b>	<b>Mortuary</b>					
0710	Mortuary - Facility Fee	Day		R 75	R 75	R 89
0720	Cremation certificate - Facility Fee	Certificate		R 75	R 75	R 89
<b>08</b>	<b>Pharmaceutical</b>					
0810	Medication fee - Facility Fee	Prescription		R16	R16	R19
0815	Item Fee	Item				
<b>09</b>	<b>Oral Health</b>					
0910	Oral Care Cat A - Facility Fee	Procedure		R 10	R 10	R 12
0911	Oral Care Cat A - General practitioner	Procedure	R 19			
0912	Oral Care Cat A - Specialist practitioner	Procedure	R 18			
0914	Oral Care Cat A - Allied health practitioner	Procedure	R 15			
0920	Oral Care Cat B - Facility Fee	Procedure		R 35	R 35	R 42
0921	Oral Care Cat B - General practitioner	Procedure	R 38			
0922	Oral Care Cat B - Specialist practitioner	Procedure	R 67			
0924	Oral Care Cat B - Allied health practitioner	Procedure	R 30			
0930	Oral Care Cat C - Facility Fee	Procedure		R 194	R 194	R 233
0931	Oral Care Cat C - General practitioner	Procedure	R 224			
0932	Oral Care Cat C - Specialist practitioner	Procedure	R 368			



CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
0940	Oral Care Cat D - Facility Fee	Procedure		R 823	R 823	R 987
0941	Oral Care Cat D - General practitioner	Procedure	R 745			
0942	Oral Care Cat D - Specialist practitioner	Procedure	R 1 528			
0950	Oral Care Cat E - Facility Fee	Procedure		R 2 730	R 2 730	R 3 276
0951	Oral Care Cat E - General practitioner	Procedure	R 2 470			
0952	Oral Care Cat E - Specialist practitioner	Procedure	R 5 071			
<b>10</b>	<b>Consultations</b>					
1010	Outpatient Consultation - Facility Fee	Visit		R 29	R 29	R 35
1011	Outpatient Consultation - General medical practitioner	Visit	R 66			
1012	Outpatient Consultation - Specialist medical practitioner	Visit	R 85			
1013	Outpatient Consultation - Nursing practitioner	Visit	R 44			
1014	Outpatient Consultation - Allied health practitioner	Visit	R 66			
1020	Emergency Consultation - Facility Fee	Visit		R 61	R 61	R 73
1021	Emergency Consultation - General medical practitioner	Visit	R 117			
1022	Emergency Consultation - Specialist medical practitioner	Visit	R 176			
1023	Emergency Consultation - Nursing practitioner	Visit	R 87			
1024	Emergency Consultation - Allied health practitioner	Visit	R 133			
<b>11</b>	<b>Ambulatory Procedures</b>					
1110	Ambulatory Procedure Cat A - Facility Fee	Procedure		R 176	R 176	R 211
1111	Ambulatory Procedure Cat A - General medical practitioner	Procedure	R 115			
1112	Ambulatory Procedure Cat A - Specialist medical practitioner	Procedure	R 115			
1113	Ambulatory Procedure Cat A - Nursing practitioner	Procedure	R 42			
1120	Ambulatory Procedure Cat B - Facility Fee	Procedure		R 176	R 176	R 211
1121	Ambulatory Procedure Cat B - General medical practitioner	Procedure	R 296			
1122	Ambulatory Procedure Cat B - Specialist medical practitioner	Procedure	R 402			



CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
1130	Ambulatory Procedure Cat C - Facility Fee	Procedure		R 176	R 176	R 211
1131	Ambulatory Procedure Cat C - General medical practitioner	Procedure	R 562			
1132	Ambulatory Procedure Cat C - Specialist medical practitioner	Procedure	R 843			
1140	Ambulatory Procedure Cat D - Facility Fee	Procedure		R 176	R 176	R 211
1141	Ambulatory Procedure Cat D - General medical practitioner	Procedure	R 1 334			
1142	Ambulatory Procedure Cat D - Specialist medical practitioner	Procedure	R 1 994			
<b>12</b>	<b><i>Theatre Procedures</i></b>					
1210	Theatre Procedure Cat A - Facility Fee	Procedure		R 808	R 808	R 969
1211	Theatre Procedure Cat A - General medical practitioner	Procedure	R 115			
1212	Theatre Procedure Cat A - Specialist medical practitioner	Procedure	R 115			
1220	Theatre Procedure Cat B - Facility Fee	Procedure		R 1 221	R 1 221	R 1 465
1221	Theatre Procedure Cat B - General medical practitioner	Procedure	R 296			
1222	Theatre Procedure Cat B - Specialist medical practitioner	Procedure	R 402			
1230	Theatre Procedure Cat C - Facility Fee	Procedure		R 2 148	R 2 148	R 2 578
1231	Theatre Procedure Cat C - General medical practitioner	Procedure	R 562			
1232	Theatre Procedure Cat C - Specialist medical practitioner	Procedure	R 843			
1240	Theatre Procedure Cat D - Facility Fee	Procedure		R 5 341	R 5 341	R 6 409
1241	Theatre Procedure Cat D - General medical practitioner	Procedure	R 1 334			
1242	Theatre Procedure Cat D - Specialist medical practitioner	Procedure	R 1 994			
<b>13</b>	<b><i>Treatments</i></b>					
1310	Supplementary Health Treatment - Facility Fee	Contact		R 23	R 23	R 28
1314	Supplementary Health Treatment - Allied health practitioner	Contact	R 43			
<b>14</b>	<b><i>Emergency Medical Services</i></b>					
1410	Patient transport service - Facility Fee	100km		R 159	R 159	R 159
1420	Basic life support - Facility Fee	50km		R 257	R 257	R 257

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
1430	Intermediate life support - Facility Fee	50km		R 318	R 318	R 318
1440	Advanced life support - Facility Fee	50km		R 408	R 408	R 408
1450	Emergency service standby - Facility Fee	Hour		R 46	R 46	R 46
1451	Emergency service standby - General medical practitioner	Hour		R 186	R 186	R 186
1452	Emergency service standby - Specialist medical practitioner	Hour		R 279	R 279	R 279
1453	Emergency service standby - Nursing practitioner	Hour		R 124	R 124	R 124
1454	Emergency service standby - Allied health practitioner	Hour		R 124	R 124	R 124
1460	Rescue - Facility Fee	Incident		R 465	R 465	R 465
1461	Rescue - General medical practitioner	Incident		R 697	R 697	R 697
1462	Rescue - Specialist medical practitioner	Incident		R 1 046	R 1 046	R 1 046
1463	Rescue - Nursing practitioner	Incident		R 465	R 465	R 465
1464	Rescue - Allied health practitioner	Incident		R 465	R 465	R 465
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	Item Fee	Item	Varies			
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	Cosmetic Surgery Cat A - Facility Fee	Procedure		R 1 224	R 1 224	R 1 469
1611	Cosmetic Surgery Cat A - General Practitioner	Procedure	R 878			
1612	Cosmetic Surgery Cat A - Specialist Practitioner	Procedure	R 1 317			
1620	Cosmetic Surgery Cat B - Facility Fee	Procedure		R 2 753	R 2 753	R 3 304
1621	Cosmetic Surgery Cat B - General Practitioner	Procedure	R 740			
1622	Cosmetic Surgery Cat B - Specialist Practitioner	Procedure	R 1 111			
1630	Cosmetic Surgery Cat C - Facility Fee	Procedure		R 4 446	R 4 446	R 5 335
1631	Cosmetic Surgery Cat C - General Practitioner	Procedure	R 1 484			
1632	Cosmetic Surgery Cat C - Specialist Practitioner	Procedure	R 2 227			
1640	Cosmetic Surgery Cat D - Facility Fee	Procedure		R 7 510	R 7 510	R 9 012
1641	Cosmetic Surgery Cat D - General Practitioner	Procedure	R 1 666			
1642	Cosmetic Surgery Cat D - Specialist Practitioner	Procedure	R 2 499			

### ANNEXURE B (REGULATION 13)

#### Orthopedic Prosthesis, and Other Appliances and Crutches

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
1.	Artificial Arms Upper extremity prosthesis)				
1.1	Through shoulder				
(a)	functional	Each	R2 925	R 1 950	R390
(b)	non- functional	Each	R2 925	R 1 950	R390
1.2	Through elbow				
(a)	functional	Each	R2 925	R1 950	R390
(b)	non-functional	Each	R2 587	R1 725	R345
1.3	Through wrist	Each	R2 587	R1 725	R345
1.4	Above elbow				
(a)	functional	Each	R2 587	R1 725	R345
(b)	non-functional	Each	R2 587	R1 725	R345
1.5	Under elbow				
(a)	functional	Each	R2 587	R1 725	R345
(b)	non- functional	Each	R2 338	R1 559	R311

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
1.6 Congenital/Cos-metic (Quote: Labour @ R37,00 per hour plus material plus 30 % overhead charges)		R70/75 % of Quote or R2 587 whichever is lower – minimum charge R70	R50/50 % of Quote or R1 725 whichever is lower – minimum charge R50	R15/10 % of Quote or R390 whichever is lower – minimum charge R15
2. Artificial Legs Lower extremity prosthesis				
2.1 Symes Choparts (excluding boots)	Each	R1 758	R1 172	R234
2.2 Below knee (excluding boots)				
(a) P.T.B.	Each	R1 874	R1 249	R250
(b) conventional	Each	R2 975	R1 983	R397
(c) P.T.S. modular	Each	R2 950	R1 967	R393
(d) pylon	Each	R1 532	R1 022	R204
2.3 Through knee (excluding boots)				
(a) conventional	Each	R2 925	R1 950	R309
(b) modular	Each	R2 925	R1 950	R390
2.4 Above knee (excluding boots)				
(a) conventional (and simplex)	Each	R2 925	R1 950	R390

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
(b) modular	Each	R2 925	R1 950	R390
(c) pylon	Each	R2 295	R1 530	R306
2.5 Tilting Table/ Hip Disarticulation (excluding boots)	Each	R2 925	R1 950	R390
2.6 Stump socks	Each	R70	R50	R15
2.7 Sheaths	Each	R70	R50	R15
2.8 Congenital/Cosmetic (Quote: Labour @ R37 per hour plus material plus 30 % overhead charges)		R70/75 % of Quote or R2 925 whichever is lower – minimum charge R70	R50/50 % of Quote or R1 950 whichever is lower – minimum charge R50	R15/10 % of Quote or R390 whichever is lower – minimum charge R15
3. Spinal Orthosis				
3.1 Collars				
(a) Soft	Each	*N/c	N/c	N/c
(b) Plastic	Each	N/c	N/c	N/c
(c) S.O.M.I.	Each	N/c	N/c	N/c
(d) Cervical wire	Each	N/c	N/c	N/c
(e) ABCO	Each	N/c	N/c	N/c
(f) HALO	Each	N/c	N/c	N/c
(g) Philadelphia S.A.G.A./ Admas	Each	N/c	N/c	N/c
(h) Moulded	Each	N/c	N/c	N/c
3.2 Corsets				
(a) Lumborsacral (for males)	Each	N/c	N/c	N/c

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
(b)	Lumbosacral (for women)	Each	N/c	N/c	N/c
(c)	Lumbodorsal (for men)	Each	N/c	N/c	N/c
(d)	Lumbodorsal (for women)	Each	N/c	N/c	N/c
(e)	Abdominal (for men)	Each	N/c	N/c	N/c
(f)	Abdominal (for females)	Each	N/c	N/c	N/c
(g)	Abdominal binder	Each	N/c	N/c	N/c
4.	Braces				
4.1	Milwaukee	Each	N/c	N/c	N/c
4.2	Boston	Each	N/c	N/c	N/c
4.3	T.L.S.O.	Each	N/c	N/c	N/c
4.4	Bennet's (metal)	Each	N/c	N/c	N/c
4.5	Bennet's (plastic)	Each	N/c	N/c	N/c
4.6	Fichers/Jordan	Each	N/c	N/c	N/c
4.7	Bakers/Jewett	Each	N/c	N/c	N/c
4.8	Lumbosacral brace and Taylor's extension	Each	N/c	N/c	N/c
4.9					
(a)	Bivalved TLSO	Each	N/c	N/c	N/c
(b)	Bivalved TLSO with S.O.L.M.I extension	Each	N/c	N/c	N/c
4.10	Robert Jones and Taylor's	Each	N/c	N/c	N/c

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
4.11	C.A.S.H. brace	Each	N/c	N/c	N/c
4.12	C.A.S.H. brace (local)	Each	N/c	N/c	N/c
5.	Footwear				
5.1	Boots				
(a)	Infants	Pair	R152	R102	R20
(b)	Children	Pair	R157	R105	R21
(c)	Youth maids	Pair	R158	R106	R21
(d)	Men	Pair	R170	R113	R23
5.2	Shoes				
(a)	Children	Pair	R157	R105	R21
(b)	Nurses	Pair	R170	R113	R23
5.3	Tarsopronator				
(a)	000 – 3	Pair	R337	R225	R45
(b)	4 – 6	Pair	R356	R238	R48
(c)	7 – 9	Pair	R356	R237	R47
(d)	10 – 12	Pair	R461	R308	R62
(e)	13 – 3 Youths	Pair	R461	R308	R62
(f)	4 – 5 Adults	Pair	R461	R308	R62
5.4	Tarso Supinator				
(a)	3½ - 6½ Infants	Pair	R356	R238	R48
(b)	7 – 1½ Children	Pair	R404	R270	R54
(c)	2 – 9 Youth	Pair	R461	R308	R62
5.5	Surgical				
(a)	Boots	Pair	R772	R515	R103
(b)	Boots	Single	R386	R257	R51
(c)	Shoes	Pair	R642	R428	R86



Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
(d) Shoes	Single	R321	R214	R43
(e) "Forest Town" boots	Pair	R578	R386	R77
(f) Sandals (plastic)	Pair	R640	R427	R85
(g) O'Connor extension	Single	R587	R391	R78
(h) Reverse side boots	Pair	R347	R231	R46
(i) Sandals (plaster)	Single	R173	R115	R23
(j) Choparts extension	Single	R530	R354	R71
5.6 Footwear alteration				
The following items or any combination thereof:				
(a) Crooked and elongated heel		R56	R37	R15
(b) Thomas heel		R56	R37	R15
(c) Flares heel or sole		R59	R39	R15
(d) Wedge heel and sole		R71	R48	R15
(e) Wedge heel and sole		R59	R39	R15
(f) Metatarsal bars	Each	R69	R46	R15
(g) Rocker soles	Each	R66	R44	R15
(h) Toecaps	Each	R59	R39	R15

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
(i) Long and metatarsal insoles	Each	R66	R44	R15
(j) Long insoles	Each	R59	R39	R15
(k) Metatarsal insoles	Each	R59	R39	R17
(l) Moulded insoles	Each	R101	R68	R15
(m) Cork raises	Each	R181	R121	R24
(n) Heel and sole raise leather (feather foam)	Each	R119	R79	R15
(o) Pattern raises (excluding				

	boots)	Each	R185	R124	R25
(p)	Toe fillet	Each	R75	R50	R15
(q)	Socket with back of front stop fixed (excluding boots)	Each	R97	R65	R15
(r)	T straps	Each	R35	R24	R15
(s)	Heel raise	Each	R41	R27	R15
(t)	Torque heel	Each	R122	R81	R16
(u)	Buttress boot	Each	R201	R134	R27
(v)	Heel pads	Each	R74	R50	R15
(w)	Excavated heel	Each	R69	R46	R15
(x)	Inside heel lift	Each	R69	R46	R15

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
(y)	Sach heel	Each	R53	R35	R15
(z)	Struck-in arch support	Each	R74	R50	R15
(aa)	UCBL	Each	R80	R54	R15
(bb)	SMO	Each	R137	R91	R18
6.	Below Knee Orthoses				
6.1	Ankle guard	Each	N/c	N/c	N/c
6.2	Air cast ankle brace	Each	N/c	N/c	N/c
6.3	Night splints	Each	N/c	N/c	N/c
6.4	Below knee irons single (for children)(including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.5	Below knee irons single (adults)(including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.6	Below knee irons double (for children) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.7	Below knee irons double (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.8	Below knee irons bilateral single (children) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
6.9	Below knee irons bilateral single (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.10	Below knee irons bilateral double (for children) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.11	Below knee irons bilateral single (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.12	O'Gormans uni-lateral (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.13	O'Gormans bilateral (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.14	Toe elevating irons double for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
6.15	Toe elevating bilateral double	Each	N/c	N/c	N/c
6.16	Ankle-foot orthosis	Each	N/c	N/c	N/c

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
6.17 Hinged ankle-foot orthosis	Each	N/c	N/c	N/c
6.18 Legging gaiter – leather	Each	N/c	N/c	N/c
6.19 Legging gaiter – plastic	Each	N/c	N/c	N/c
7. Knee Orthosis				
7.1 Knee guard	Each	R24	R16	R15
7.2 Knee hinged supports (short)	Each	R83	R55	R15
7.3 Knee hinged supports (long)	Each	R256	R171	R34
7.4 Moulded with joints	Each	R651	R434	R87
7.5 Moulded no joints	Each	R305	R204	R41
7.6 Night splints	Each	R261	R174	R35
7.7 Crawling pads	Each	R188	R125	R25
7.8 Canvas gaiters	Each	R176	R118	R24
7.9 Swedish knee cage	Each	R191	R127	R25
8. Above Knee Orthosis				
8.1 Straight leg caliper unilateral – (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c
(children) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
8.2 Straight leg caliper bilateral – (adults)(including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only) (children) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c
	Each	N/c	N/c	N/c
8.3 with pelvic band unilateral – (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only) (children) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c
	Each	N/c	N/c	N/c
8.4 with pelvic band bilateral – (adults) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only) (children) (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c
	Each	N/c	N/c	N/c
8.5 Knee jointed caliper unilateral (including boots for H <sub>1</sub> , H <sub>2</sub> en H <sub>3</sub> only)	Each	N/c	N/c	N/c



Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
8.6	Knee jointed caliper bilateral (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
8.7	With hip joints unilateral (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
8.8	With hip joints bilateral (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
8.9	Plastic K.A.F.L. unilateral	Each	N/c	N/c	N/c
8.10	Plastic K.A.F.L. bilateral	Each	N/c	N/c	N/c
8.11	Perthes caliper (children) (including boots for H <sub>1</sub> , H <sub>2</sub> and H <sub>3</sub> only)	Each	N/c	N/c	N/c
8.12	Conradie leg brace pair	Pair	N/c	N/c	N/c
9.	Hip Orthosis				
9.1	Congenital dislocation hip (Pavlik van Rossen Barlow)	Pair	R150	R100	R20
9.2	Hip spika	Each	R600	R400	R80
9.3	Hip spika and hip joint	Each	R632	R421	R84

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
9.4	Mauritian splint	Each	R404	R270	R54
9.5	Abduction flexion cushion	Each	R207	R138	R28
10. 10.1	Upper Extremity Orthosis Finger Splints				
(a)	Static	Each	N/c	N/c	N/c
(b)	Dynamic	Each	N/c	N/c	N/c
10.2	Hand Wrist				
(a)	Elastic (issue)	Each	N/c	N/c	N/c
(b)	Static	Each	N/c	N/c	N/c
(c)	Dynamic	Each	N/c	N/c	N/c
10.3	Elbow				
(a)	Static	Each	N/c	N/c	N/c
(b)	Dynamic	Each	N/c	N/c	N/c
10.4	Shoulder				
(a)	Static	Each	N/c	N/c	N/c
(b)	Dynamic	Each	N/c	N/c	N/c
(c)	Flail arm splint (imported)	Each	N/c	N/c	N/c
(d)	Arm immobiliser sling	Each	N/c	N/c	N/c
10.5	Flexor Hinge Modular				
(a)	Imported	Each	N/c	N/c	N/c
(b)	/Flexor hinge modular	Each	N/c	N/c	N/c

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
10.6	Motorised Hand splints	Each	R2 925	R1 950	R390
10.7	Mobile Arm Splints	Each	R2 925	R1 950	R390
10.8	Triceps Pronator Splint	Each	R1 967	R1 311	R262
11.	Miscellaneous				
11.1	Elastic stockings				
(a)	Below knee	Pair	R32	R21	R15
(b)	Above knee	Pair	R35	R24	R15
(c)	Panty House	Pair	R52	R35	R15
(d)	Anti embolism / below knee	Each	R63	R42	R15
	Full length	Each	R105	R70	R15
	Full length and belt	Each	R111	R74	R15
11.2	Trusses				
(a)	Inguinal single	Each	N/c	N/c	N/c
	Inguinal double	Each	N/c	N/c	N/c
(b)	Scrotal single	Each	N/c	N/c	N/c
	Scrotal double	Each	N/c	N/c	N/c
(c)	Suspension briefs	Each	N/c	N/c	N/c
11.3	Crutches				
(a)	Wooden, axilla	Pair	R71	R48	R15
(b)	Wooden ring top	Pair	R201	R101	R20

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
(c)	Alluminium, ring top	Pair	R233	R155	R31
(d)	Elbow (issue) manufactured	Pair	R69	R46	R15
(e)	Gutter	Pair	R114	R76	R15
11.4	Walking stick and aids				
(a)	Wooden	Each	R36	R24	R15
(b)	Alluminium adjustable	Each	R34	R23	R15
(c)	Quadripod	Each	R69	R46	R15
(d)	Pulpit	Each	R109	R73	R15
(e)	Rolator Children Adults	Each Each	R143 R143	R95 R95	R19 R19
11.5	Helmets				
(a)	Helmets issue	Each	R222	R148	R30
(b)	Moulded helmets	Each	R248	R165	R33
11.6	Seats				
(a)	Alluminium box	Each	R381	R254	R51
(b)	Moulded	Each	R593	R396	R79
(c)	Standing frame	Each	R412	R275	R55
(d)	Wheelchair trunk support	Each	R444	R296	R59
(e)	Para-care cushion	Each	R146	R97	R19

Nature of Appliance		Per treatment	Hospital Patient		
			H3	H2	H1
12.	Breast Prothesis (manufacture)	Each	R122	R82	R16
13.	External (purchase)	Each	R608	R405	R81
14.	Items not Listed	Each	75 % of quote or R70 whichever is the greater	50 % of quote or R50 whichever is the greater	10 % of quote or R15 whichever is the greater
15.	Items especially ordered				
(a)	Glasses	Each	75 % of cost of item or R70 whichever is the greater	75 % of cost or R50 whichever is the greater	10 % of cost or R15 whichever is the greater
(b)	Hearing aids	Each	75 % of cost of item or R70 whichever is the greater	50 % of cost or R50 whichever is the greater	10 % of cost or R15 whichever is the greater
(c)	Hearing aid moulds	Each	75 % of cost of item or R70 whichever is the greater	50 % of cost or R50 whichever is the greater	10 % of cost or R15 whichever is the greater

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
(d) Wheelchairs (adult or child)	Each	75 % of cost of item or R70 whichever is the greater	59 % of cost or R50 whichever is the greater	10 % of cost or R15 whichever is the greater
16. Repairs to appliance	Each	75 % of quote or R45 whichever is greater	50 % of quote or R30 whichever is the greater	10 % of quote of item or R15 whichever is the greater

**ANNEXURE C (REGULATION 23)****Oral Health**

Nature of Appliance	Per treatment	Hospital Patient		
		H3	H2	H1
1. Oral Health Prosthetics				
(a) Full upper and lower denture	Each	R445	R296	R148
(b) Full upper and lower denture	Each	R275	R183	R92
(c) Partial denture	Each	R190	R126	R63
(d) Rebase denture		R143	R95	R48
(e) Reline		R65	R44	R22
(f) Tissue Conditioning		R55	R37	R20
(g) Soft base		R221	R147	R74
(h) Repair of denture		R62	R46	R22
(i) Root canal treatment (anterior)		R298	R198	R99
(j) Root canal treatment (posterior)		R380	R254	R126
(k) Orthodontic		R2 762	R1 841	R356
(l) 4-Surface fillings		R111	R74	R37



## PROVINCIAL NOTICE

---

[No. 168 of 2001]

### REGULATIONS ON AMBULANCE FEES IN THE FREE STATE

Under section 16(2) of the Health Act, 1977 (Act No. 63 of 1977), I, Anna Tsopo, Member of the Executive Council of the Province responsible for Health, hereby make the regulations as set out in the Schedule.

### SCHEDULE

#### Definitions

1. In these Regulations, unless the context indicates otherwise –

“**ambulance**” means a motor vehicle specially constructed or adapted for the conveyance of sick or injured persons to or from a place for medical treatment and which is registered as an ambulance;

“**H1 hospital patient**” means a patient classified in terms of regulation 2(3)(b)(i) of the Regulations as an H1 hospital patient;

“**H2 hospital patient**” means a patient classified in terms of regulation 2(3)(b)(ii) of the Regulations as an H2 hospital patient;

“**H3 hospital patient**” means a patient classified in terms of regulation 2(3)(b)(iii) of the Regulations as an H3 hospital patient;

“**H4 hospital patient**” means a patient classified in terms of regulation 2(3)(b)(iv) of the Regulations as an H4 hospital patient;

“**minister**” means the Minister of Health;

“**motor vehicle**” means any self-propelled vehicle;

“**normal working hours**” means the hours from 07:00 to 17:00 on a Monday to Friday, excluding a public holiday;

“**patient**” means a hospital patient or a private patient, as the case may be;

“**private patient**” means a patient classified in terms of regulation 2(4) of the Regulations as a private patient;

**"public holiday"** means a public holiday referred to in section 2 of the Public Holidays Act, 1994 (Act No. 36 of 1994);

**"Regulations"** means the Regulations on Hospital Fees in the Free State, 2001;

**"uniform patient fee schedule"** means the schedule published from time to time by the Minister in the Government Gazette in term of the Regulations Governing the Establishment and Maintenance of a Uniform Patient Fee schedule;

**"vehicle"** means a vehicle as defined in the Road Traffic Act, 1989 (Act No. 29 of 1989).

#### **Fees for use of ambulance**

2. (1) A patient conveyed per ambulance shall be liable for the payment of the following fees in respect of every 50 (fifty) kilometres or part thereof, traveled:
- |     |  |          |
|-----|--|----------|
| (a) | An H1 hospital patient   | R 30,00; |
| (b) | An H2 hospital patient   | R 55,00; |
| (c) | An H3 hospital patient   | R 75,00; |
| (d) | Fees in respect of a private patient and an H4 hospital patient shall be levied at the uniform patient fee schedule prescribed in Annexure A hereto: |          |
- Provided that ambulance transport between hospitals shall be free of charge for all H1, H2 and H3 hospital patients.
- (2) Where an ambulance is deployed on a standby basis on request, an amount of R200,00 per hour or part thereof, shall be payable.

#### **Repeal**

3. The Regulations on Ambulance Fees in the Free State, 2000, promulgated by Provincial Notice No. 51 of April 2000, are hereby repealed.

#### **Short title and commencement**

4. These Regulations shall be called the Regulations on Ambulance Fees in the Free State, 2001, and shall come into operation on 1 October 2001.

## PROVINSIALE KOERANT

(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampste Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie. Indien eksemplare van die Provinsiale Koerant verlang word, moet R4,70 vir elke eksemplaar gestuur word.

### Intekengeld (vooruitbetaalbaar)

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

Halfjaarliks (posvry) .....	R122,50
Jaarliks (posvry) .....	R 245,00
Prys per los eksemplaar (posvry).....	R 4,70

Seëls word nie aanvaar nie.

### Sluitingstyd vir die Aanname van Kopie

Alle advertensies moet die Beampste Belas met die Provinsiale Koerant bereik nie later **nie as 12:00 sewe 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 Beampste oorhandig word **nie later nie as 10:30 op die Donderdag** van die week 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: R2,00 per sentimeter of deel daarvan, enkelkolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampste belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300.

*Gedruk en uitgegee deur die Vrystaatse Provinsiale Administrasie*

## 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. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied. If copies of the Provincial Gazette are required, R4,70 must be sent for each copy.

### Subscription Rates (payable in advance)

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

Half-yearly (post free) .....	R 122,50
Yearly (post free) .....	R 245,00
Price per single copy (post free) .....	R 4,70

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 12:00, seven workings 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 10:30 on the Thursday** of the week 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: R2,00 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.

*Printed and published by the Free State Provincial Administration*