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**GENERAL NOTICE**

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**NOTICE 333 OF 2008**

**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 AMENDED IS IN RESPECT OF HOSPITAL FEES MANUAL PUBLISHED IN PROVINCIAL GAZETTE EXTRAORDINARY NO.1334 AND DATED 21<sup>ST</sup> APRIL 2006.**

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Litiko  
Letempilo neMisebenti yeTenhlalakahle

Umnnyango  
Wezamaphilo  
neZomphakathi

#### HOSPITAL FEES MANUAL

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## CHAPTER ONE

### *Preamble:*

*The PHRC agreed on the 26 June 2000 that the Uniform Patient Fee Schedule should be extended to cover all patients attending provincial health establishments. Fees for subsidized (hospital) patients are to be expressed in terms of the UPFS.*

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## **PRINCIPLES**

### **PRINCIPLE ONE:**

Emergency medical treatment shall be afforded at any time to any patient, without question or delay, 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 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) being implemented nationally. 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.

**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 regarded as a private patient.

**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 5 and Chapters 3 respectively.

**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 exempt 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 classified as provided for in PRINCIPLE SEVEN and will be liable for payment of the applicable fees.

**PRINCIPLE ELEVEN:**

Fees will be reviewed on an annual basis.

**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.

## 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, orthotist prosthetists, 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, a traumatic 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.

**DEPARTMENT (DEPARTMENTAL)**

means the Mpumalanga Department of Health and Social Services.

**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.

**FOREIGN PATIENT**

*See under Non South African Citizen*

**FULL PAYING PATIENT**

Any patient belonging to one of the following groups: -

Group	Description
Externally funded patients	1. Patients whose services are funded or partly funded in terms of: <ul style="list-style-type: none"> <li>(a) The Compensation for Occupational Diseases Act, 1993 (Act No 130 of 1993)</li> <li>(b) The Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996)</li> <li>(c) A medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998)</li> </ul> 2. Patients treated on account of: <ul style="list-style-type: none"> <li>(a) Another state department</li> <li>(b) Local authority</li> <li>(c) Foreign government</li> <li>(d) Any other employer</li> </ul>
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	Non South African citizens excluding the following: <ul style="list-style-type: none"> <li>(a) Immigrants permanently resident in the RSA but who have not attained citizenship;</li> <li>(b) Non South African citizens with temporary residence or work permits;</li> <li>(c) Persons from SADEC states (e.g. Mozambique, Zambia, etc.) who enter the RSA illegally.</li> </ul>

**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.



**H0 PATIENT**

Patients qualifying for full subsidization: H0

<b>Group</b>	<b>Description</b>
Social pensioners	<p>Proven recipients of the following types of pensions / grants are classified as social pensioners:</p> <ul style="list-style-type: none"> <li>Old age pension</li> <li>Child support grant</li> <li>Veteran's pension</li> <li>Care dependency grant</li> <li>Pension for the blind</li> <li>Family allowance</li> <li>Maintenance grant</li> <li>Disability grant</li> <li>Single-care grant – persons with mental disorders in need of care discharged from hospitals from the mentally ill but has not been decertified.</li> </ul> <p>Should the social pensioners also belong to a medical scheme, they will be regarded as full paying patients.</p>
Unemployed	<p>Proof of unemployment must be produced. (Contributors record card {UF74} a document from the Department of Labour)</p> <p><b>Note:</b> (i) If proof of the pensions/grant or the unemployment insurance fund card is not produced, the patients must be assessed according to the means test.</p> <p>(ii) Only the recipient of the pension/grant or the formally unemployed person in whose name the card was issued, is entitled to free hospitalization.</p>
Persons re-classified as H0	<p>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 on the basis of a social worker's report.</p>
People with disabilities.	<p>People with temporary or permanent disabilities who have been classified by a therapist and can produce a card.</p>

**H1 and H2 PATIENTS**

Patients qualifying for PARTIAL subsidization: H1 and H2

<b>Category</b>	<b>Means Test</b>	<b>Subsidization (pay as % of UPFS tariffs)</b>
H0	As categorized on page 7	Exempted from paying all fees
H1	Individual: Income equal or less than R36 000  Household: Income equal or less than R50 000.	Consultations: 20% 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	Individual: Income between R72 001 and above per annum  Household: Income between R100 001 and above.	All services listed in the UPFS at full price

**Notes:**

The H1 inpatient is expressed as a percentage of 7 days of the UPFS General Ward inpatient 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.

**HOSPITAL PATIENT**

is a patient treated at or in a departmental institution with a proven income in accordance with a classification of H0, H1, H2 or H3.

**INPATIENT**

is a patient admitted to and treated at a departmental institution, including CHCs and hospitals.

**INJURY ON DUTY PATIENT**

is a patient who registers as an IOD case. Such a patient is automatically considered as a private patient until accepted by the employer that it was an Injury on Duty (WCL Form).

**INTENSIVE CARE UNIT**

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

**LONG-TERM INPATIENT**

is a patient who for medical reasons has to be hospitalised for a continuous period of more than 30 days and who requires continuous nursing and medical care.

**MOTOR VEHICLE ACCIDENT (MVA) PATIENT see under ROAD ACCIDENT FUND (RAF) PATIENT****NON-SOUTH AFRICAN CITIZEN**

is a patient who comes from outside the borders of South Africa.

**OCCUPATIONAL DISEASE PATIENT**

Is a patient who register as a occupational disease case by providing written evidence for his/her employer ( which may include a WCL1 form – employers report of occupational disease) If evidence becomes available later, the case can be reclassified.

**OUTPATIENT**

is a patient who is treated in an outpatient department of a departmental institution, or a non-emergency patient treated at a Casualty department of a departmental institution and is not admitted to the hospital.

**PATIENT TRANSPORT VEHICLE**

is a vehicle other than an ambulance utilised for the transport of patients not requiring specific care during the period of transportation.

**PRIVATE PATIENT / PRIVATE HOSPITAL PATIENT**

is a patient treated at or in a state institution who is a member of a medical aid scheme. Such a person will be classified private in terms of income.

**IMPLANT**

is a manufactured artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as intra-ocular lenses, pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit.

**RELATIVE**

is a family member of a patient who, with the written authority of the medical superintendent or such other officer as (s)he may authorise to act on her/his behalf, is admitted for examination in order to assist with the diagnosis of the condition of such patient. This accommodation would be allocated from any available non-critical patient beds. The decision on bed availability is up to hospital management.

**ROAD ACCIDENT FUND (RAF) PATIENT**

is a patient who registers as a Road Accident Fund (RAF) case, and may become a charge on the Road Accident Fund.

**ALLIED HEALTH SERVICES**

are any of the health services provided by allied health personnel and includes though not exclusively, the oral health services, physiotherapy, occupational therapy, audiology, speech therapy, podiatry, and medical social work. Allied health services may be provided per individual, or in groups.

**THEATRE**

is a room where surgical intervention or procedures take place in a sterile environment, i.e. a room specially designed, built and designated as an operating theatre where strict aseptic conditions are required.

## CHAPTER THREE

### FREE SERVICES

1. "Free patient" means a hospital patient who proves s/he receives a social grant or is 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 – Patients requiring 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 s.37 of the Criminal Procedure Act, Act No 51 of 1977 as well as the following services at the request of the responsible authority
    - (i) **assault**: the examination of the alleged victim, the taking of specimens and the completion of the necessary documentation. (SAPS 308 and J88 well completed must be submitted in a case where a police officer is accompanying a suspect to the hospital);
    - (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 No 18 of 1973;
    - (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 s.15 of the Child Care Act, Act No 74 of 1983 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;
  - (iii) mentally disturbed patients admitted to psychiatric hospitals in terms of s.9 of the Mental Health Act, 1973.
- (n) Pregnant women who are treated by medical personnel employed by the Department, for the period commencing from the time the pregnancy is diagnosed to forty-two 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. CTOP (Choice on Termination of Pregnancy) is free only for rape and court cases only.

CTOP {Act No. 92 of 1996} may be effected on the following conditions:

- (1) upon request of a woman during the first 12 weeks of pregnancy;
- (2) from the 13<sup>th</sup> to the 20<sup>th</sup> 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 20<sup>th</sup> 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.
- (o) 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 stabilised;
  - (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.
- (p) The following persons are excluded from the free health services:
- (i) Persons and their dependents who are members of a medical scheme;
  - (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) Optometrical 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 district hospital, for admission as an in-patient, is personally liable for the account raised except for the patient classified as H0.

## CHAPTER FOUR

**CLASSIFICATION OF HOSPITALS**

<b>LEVEL 1 District Hospitals</b>	<b>LEVEL 2 Regional Hospitals</b>
Amajuba, Barberton, Sabie, Matibidi, Tonga, Shongwe, Bernice Samuel, KwaMhlanga, Mmamethake, Lydenburg, HA Grove, Waterval-Boven, Embhuleni, Carolina, Piet Retief, Evander, Standerton, Matikwana, Tintswalo, Elsie Ballot, Impungwe, Middleburg, Bethal.	Ermelo, Themba and Mapulaneng
<b>LEVEL 3 Tertiary Level Hospitals</b>	<b>LEVEL 4 Academic Hospitals</b>
Rob Ferreira, Witbank	None
Specialised Hospitals	
Bongani, SANTA Centers	

**CLASSIFICATION OF CLINICS AND COMMUNITY HEALTH CENTRES (CHCs)**

Individual clinics and Community Health Centres were not classified. Some of the district hospitals may be re-classified to CHCs in due course.

Primary Health Services at clinics, visiting points, mobile clinics, community health centres are **FREE** for South African citizens. Notice 1514 of 1996, dated 17 October 1996.

The following persons shall NOT be entitled to free primary health care services:

- (a) Persons and their dependents who are members of a medical aid scheme;
- (b) Persons who make use of the services of medical practitioners of their choice instead of those made available by the health care facility.



## CHAPTER FIVE

### CATEGORIES OF HOSPITAL PATIENTS

#### NON-PRIVATE

1. Hospital patients are assessed according to family income (*means test*), and placed into four distinct groups based on proven income. Annexure A and B should be completed in this regard on the **first visit of every patient**, and reviewed annually in October.
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 (private), 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.

**CATEGORIES OF HOSPITAL PATIENTS**  
**EXTERNALLY FUNDED (Private)**

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;
- (e) persons who refuse to declare her/his income.
- (f) persons, regardless of income, who are treated by their own doctor at or in a Departmental hospital.

In these cases, full private fees are levied in terms of the UPFS.

Patients with medical insurance should pay according to the applicable insurance rates.

**CHAPTER SIX**

**6.1 APPROVED UPFS 2008 FEE SCHEDULE FOR FULL PAYING PATIENTS**

EFFECTIVE 01<sup>ST</sup> JULY 2008

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY/FEE					
				LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
<b>01</b>	<b>Anaesthetics</b>								
0111	Anaesthetics Cat A – General medical practitioner	Procedure	122.00						
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	183.00						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	208.00						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	313.00						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	730.00						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	1096.00						
<b>02</b>	<b>Confinement</b>								
0210	<b>Confinement – Facility Fee</b>	Incident		2253.00		2253.00		2623.00	
0211	Confinement – General medical practitioner	Incident	1222.00						
0212	Confinement – Specialist medical practitioner	Incident	1578.00						
0213	Confinement – Nursing practitioner	Incident	1478.00						
<b>03</b>	<b>Dialysis</b>								
0310	<b>Haemo – Facility Fee</b>	Day		809.00		809.00		926.00	
0311	Haemo-dialysis – General medical practitioner	Day	154.00						
0312	Haemo-dialysis – Specialist medical practitioner	Day	192.00						
0313	Haemo-dialysis- Nursing Practitioner	Day	123.00						
0320	<b>Peritoneal Dialysis – Facility Fee</b>	Session		124.00		124.00		142.00	
0321	Peritoneal Dialysis – General medical practitioner	Session	24.00						
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	30.00						
0323	Peritoneal Dialysis – Nursing practitioner	Session	17.00						
0330	<b>Plasmapheresis - Facility Fee</b>	Session		809.00		809.00		926.00	
0331	<b>Plasmapheresis - General medical practitioner</b>	Session	152.00						
0332	Plasmapheresis - Specialist medical practitioner	Session	192.00						
<b>04</b>	<b>Medical Reports</b>								
0410	<b>Medical Report – Facility Fee</b>	Report		78.00		78.00		95.00	
0411	Medical Report – General medical practitioner	Report	146.00						
0412	Medical Report – Specialist medical practitioner	Report	225.00						
0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	73.00						
0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	112.00						
0425	Copies of X-rays films, ultrasounds etc.	Copy	73.00						

<b>05</b>	<b><i>Imaging</i></b>					
0510	<b>Radiology, Cat A – Facility Fee</b>	Procedure		<b>41.00</b>	<b>41.00</b>	<b>46.00</b>
0511	Radiology, Cat A – General medical practitioner	Procedure	<b>40.00</b>			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	<b>76.00</b>			
0514	Radiology, Cat A – Allied health practitioner	Procedure	<b>39.00</b>			
0520	<b>Radiology, Cat B – Facility Fee</b>	Procedure		<b>115.00</b>	<b>112.00</b>	<b>129.00</b>
0521	Radiology, Cat B – General medical practitioner	Procedure	<b>108.00</b>			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	<b>211.00</b>			
0524	Radiology, Cat B – Allied health practitioner	Procedure	<b>106.00</b>			
0530	<b>Radiology, Cat C – Facility Fee</b>	Procedure		<b>523.00</b>	<b>523.00</b>	<b>597.00</b>
0531	Radiology, Cat C – General medical practitioner	Procedure	<b>335.00</b>			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	<b>1031.00</b>			
0540	<b>Radiology, Cat D – Facility Fee</b>	Procedure		<b>1332.00</b>	<b>1332.00</b>	<b>1522.00</b>
0541	Radiology, Cat D – General medical practitioner	Procedure	<b>1233.00</b>			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	<b>2574.00</b>			
<b>06</b>	<b><i>Inpatients</i></b>					
0610	<b>Inpatient General ward – Facility Fee</b>	Day		<b>414.00</b>	<b>528.00</b>	<b>996.00</b>
0611	Inpatient General Ward – General medical practitioner	Day	<b>86.00</b>			
0612	Inpatient General Ward – Specialist medical practitioner	Day	<b>150.00</b>			
0620	<b>Inpatient High care – Facility Fee</b>	12 hours		<b>642.00</b>	<b>803.00</b>	<b>1151.00</b>
0621	Inpatient High Care – General medical practitioner	12 hours	<b>45.00</b>			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	<b>85.00</b>			
0630	<b>Inpatient Intensive care – Facility Fee</b>	12 hours		<b>2110.00</b>	<b>2110.00</b>	<b>2523.00</b>
0631	Inpatient Intensive Care – General medical practitioner	12 hours	<b>50.00</b>			
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	<b>95.00</b>			
0640	<b>Inpatient Chronic care – Facility Fee</b>	Day		<b>243.00</b>	<b>243.00</b>	<b>243.00</b>
0641	Inpatient Chronic care – General medical practitioner	Day	<b>28.00</b>			
0642	Inpatient Chronic care – Specialist medical practitioner	Day	<b>65.00</b>			
0643	Inpatient Chronic care – Nursing practitioner	Day	<b>17.00</b>			
0650	<b>Day patient – Facility Fee</b>	Day		<b>345.00</b>	<b>435.00</b>	<b>638.00</b>
0651	Day patient – General medical practitioner	Day	<b>86.00</b>			
0652	Day patient – Specialist medical practitioner	Day	<b>150.00</b>			
0653	Day patient – Nursing practitioner	Day	<b>50.00</b>			
0660	<b>Inpatient Boarder/Patient companion – Facility Fee</b>	Day		<b>199.00</b>	<b>199.00</b>	<b>199.00</b>
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	<b>17.00</b>			
0670	<b>Inpatient General ward – Facility Fee</b>	12 hours		<b>208.00</b>	<b>265.00</b>	<b>499.00</b>
0671	Inpatient General Ward – General medical practitioner	12 hours	<b>43.00</b>			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	<b>75.00</b>			
0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	<b>28.00</b>			
0680	<b>Inpatient Chronic care – Facility Fee</b>	12 hours		<b>129.00</b>	<b>129.00</b>	<b>129.00</b>
0681	Inpatient Chronic care – General medical practitioner	12 hours	<b>16.00</b>			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	<b>32.00</b>			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	<b>11.00</b>			

<b>07</b>	<b>Mortuary</b>					
0710	Mortuary – Facility Fee	Day		106.00	106.00	120.00
0720	Cremation Certificate – Facility Fee	Certificate		106.00	106.00	120.00
<b>08</b>	<b>Pharmaceutical</b>					
0810	Medication Fee – Facility Fee	Prescription		19.00	19.00	22.00
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	<b>Pharmaceutical Flat Fee – OPD</b>		Item	Varies		
0825	Pharmaceutical Flat Fee – IP		Item	Varies		
<b>09</b>	<b>Oral Health</b>					
0910	Oral Care Cat A – Facility Fee	Procedure		16.00	16.00	18.00
0911	Oral Care Cat A – General medical practitioner	Procedure	27.00			
0912	Oral Care Cat A – Specialist medical practitioner	Procedure	22.00			
0914	Oral Care Cat A – Allied health practitioner	Procedure	21.00			
0920	Oral Care Cat B – Facility Fee	Procedure		48.00	48.00	55.00
0921	Oral Care Cat B – General medical practitioner	Procedure	52.00			
0922	Oral Health Cat B – Specialist medical practitioner	Procedure	84.00			
0924	Oral Care Cat B – Allied health practitioner	Procedure	43.00			
0930	Oral Care Cat C – Facility Fee	Procedure		292.00	292.00	334.00
0931	Oral Care Cat C – General medical practitioner	Procedure	323.00			
0932	Oral Care Cat C – Specialist medical practitioner	Procedure	555.00			
0940	Oral Care Cat D – Facility Fee	Procedure		1149.00	1149.00	1314.00
0941	Oral Care Cat D – General medical practitioner	Procedure	991.00			
0942	Oral Care Cat D – Specialist medical practitioner	Procedure	2034.00			
0950	Oral Care Cat E – Facility Fee	Procedure		3868.00	3868.00	4421.00
0951	Oral Care Cat E – General medical practitioner	Procedure	3333.00			
0952	Oral Care Cat E – Specialist medical practitioner	Procedure	6840.00			
<b>10</b>	<b>Consultations</b>					
1010	Outpatient Consultation – Facility Fee	Visit		51.00	51.00	62.00
1011	Outpatient Consultation – General medical practitioner	Visit	57.00			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	132.00			
1013	Outpatient Consultation – Nursing practitioner	Visit	33.00			
1014	Outpatient Consultation – Allied health practitioner	Visit	35.00			
1020	Emergency Consultation – Facility Fee	Visit		104.00	104.00	123.00
1021	Emergency Consultation – General medical practitioner	Visit	86.00			
1022	Emergency Consultation – Specialist medical practitioner	Visit	197.00			
1023	Emergency Consultation – Nursing practitioner	Visit	50.00			
1024	Emergency Consultation – Allied health practitioner	Visit	51.00			
<b>11</b>	<b>Minor Theatre Procedures</b>					
1110	Minor Procedure Cat A – Facility Fee	Procedure		243.00	243.00	291.00
1111	Minor Procedure Cat A – General medical practitioner	Procedure	84.00			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	162.00			
1120	Minor Procedure Cat B – Facility Fee	Procedure		243.00	243.00	291.00

1121	Minor Procedure Cat B – General medical practitioner	Procedure	124.00			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	282.00			
1130	<b>Minor Procedure Cat C – Facility Fee</b>	Procedure		243.00	243.00	291.00
1131	Minor Procedure Cat C – General medical practitioner	Procedure	196.00			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	440.00			
1140	<b>Minor Procedure Cat D – Facility Fee</b>	Procedure		243.00	243.00	291.00
1141	Minor Procedure Cat D – General medical practitioner	Procedure	518.00			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	1166.00			
<b>12</b>	<b>Major Theatre Procedures</b>					
1210	<b>Theatre Procedure Cat A – Facility Fee</b>	Procedure		758.00	1151.00	1328.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	84.00			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	162.00			
1220	<b>Theatre Procedure Cat B – Facility Fee</b>	Procedure		1189.00	1744.00	2009.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	124.00			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	282.00			
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		2042.00	2997.00	3459.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	196.00			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	440.00			
1240	<b>Theatre Procedure Cat D – Facility Fee</b>	Procedure		5238.00	7683.00	8855.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	518.00			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	1166.00			
<b>13</b>	<b>Treatments</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Contact		33.00	33.00	39.00
1313	Supplementary Health Treatment- Nurse practitioner	Contact	29.00			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	29.00			
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Contact		25.00	25.00	28.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	21.00			
<b>14</b>	<b>Emergency Medical Services</b>					
1410	<b>Patient transport service – Facility Fee</b>	100km		218.00	218.00	218.00
1420	Basic life support – Facility Fee	50km		595.00	595.00	595.00
1430	Intermediate life support – Facility Fee	50km		804.00	804.00	804.00
1440	Advanced life support– Facility Fee	50km		1336.00	1336.00	1336.00
1450	<b>Emergency service standby – Facility Fee</b>	Once-Off		175.00	175.00	175.00
1451	Emergency service standby – General medical practitioner	Hour	255.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	382.00			
1453	Emergency service standby – Nursing practitioner	Hour	169.00			
1454	Emergency service standby – Basic life support practitioner		88.00			
1455	Emergency service standby – Intermediate life support practitioner		109.00			
1456	Emergency service standby – Advanced life support practitioner		233.00			
1460	<b>Rescue – Facility Fee</b>	Incident		637.00	637.00	637.00
1461	Rescue – General medical practitioner	Incident	955.00			
1462	Rescue – Specialist medical practitioner	Incident	1432.00			
1463	Rescue – Nursing practitioner	Incident	637.00			
1464	Rescue – Basic life support practitioner	Incident	88.00			

1465	Rescue - Intermediate life support practitioner	Incident	109.00			
1466	Rescue – Advanced life support practitioner	Incident	233.00			
1470	Emergency transport air services fixed wing	50km		1336.00	1336.00	1336.00
1480	Emergency transport air services helicopter	50km		1336.00	1336.00	1336.00
1490	<b>Emergency service standby – Facility Fee</b>	Additional 50km		129.00	129.00	129.00
<b>15</b>	<b>Assistive Devices &amp; Prosthesis</b>					
1510	Assistive Devices & Prosthesis - Item Fee	Item	Varies			
1520	Prosthetic Devices- Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
<b>16</b>	<b>Cosmetic Surgery</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		1653.00	1653.00	1888.00
1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	953.00			
1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	1432.00			
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		3717.00	3717.00	4249.00
1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	1129.00			
1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	1694.00			
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		6004.00	6004.00	6862.00
1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	1909.00			
1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	2864.00			
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		10141.00	10141.00	10 821.00
1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	2142.00			
1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	3152.00			
<b>17</b>	<b>Laboratory Services</b>					
1700	Drawing of Blood	Contact		19.00	19.00	19.00
1710	Laboratory Test	Varies				
<b>18</b>	<b>Radiation Oncology</b>					
1800	Radiation Oncology (NHRPL less VAT)	Item	Varies			
<b>19</b>	<b>Nuclear Medicines</b>					
1900	Itemisation of Isotopes	Item	Varies			
1910	<b>Nuclear Medicine Cat A - Facility Fee</b>	Procedure		534.00	534.00	534.00
1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	356.00			
1920	<b>Nuclear Medicine Cat B- Facility Fee</b>	Procedure		1146.00	1146.00	1146.00
1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	766.00			
1930	<b>Nuclear Medicine Cat C- Facility Fee</b>	Procedure		2072.00	2072.00	2072.00
1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	1382.00			
1940	<b>Nuclear Medicine Cat D- Facility Fee</b>	Procedure		3294.00	3294.00	3294.00
1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	2196.00			
1950	<b>Positron Emission Tomography (PET) Cat E – Facility Fee</b>			9725.00	9725.00	9725.00
1952	Positron Emission Tomography (PET) Cat E - Specialist medical practitioner		3534.00			

<b>20</b>	<b><u>Ambulatory Procedures</u></b>					
2010	<b>Ambulatory Procedure Cat A – Facility Fee</b>	Procedure		<b>78.00</b>	<b>78.00</b>	<b>95.00</b>
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	<b>28.00</b>			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	<b>56.00</b>			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	<b>17.00</b>			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	<b>17.00</b>			
2020	<b>Ambulatory Procedure Cat B – Facility Fee</b>	Procedure		<b>78.00</b>	<b>78.00</b>	<b>95.00</b>
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	<b>40.00</b>			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	<b>62.00</b>			
2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	<b>22.00</b>			
2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	<b>22.00</b>			
<b>21</b>	<b><u>Blood and Blood Products</u></b>					
2100	<b>Blood and Blood Products</b>	Varies				
<b>22</b>	<b><u>Hyperbaric Oxygen Therapy</u></b>					
2210	<b>Hyperbaric Oxygen Therapy– Facility Fee</b>	Session		<b>815.00</b>	<b>815.00</b>	<b>815.00</b>
2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	<b>344.00</b>			
2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	<b>344.00</b>			
2220	<b>Emergency Hyperbaric Oxygen Therapy – Facility Fee</b>	Session		<b>822.00</b>	<b>822.00</b>	<b>822.00</b>
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	<b>501.00</b>			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	<b>501.00</b>			
<b>23</b>	<b><u>Consumables (Not included in Facility Fee) Buy-outs</u></b>					
2300	Consumables not included in the facility fee	Item	Varies			
<b>24</b>	<b><u>Autopsies</u></b>					
2410	<b>Autopsy– Facility Fee</b>	Per case		<b>51.00</b>	<b>51.00</b>	<b>62.00</b>
2411	Autopsy- General Practitioner	Per case	<b>57.00</b>			
2412	Autopsy- Specialist Practitioner	Per case	<b>132.00</b>			



**APPROVED UPFS 2005 FEE SCHEDULE FOR H2 PATIENTS**

EFFECTIVE 01 OCTOBER 2005

**Partial Subsidized Patients**

These are patients who do not fall in the category of full paying patients. Partially subsidised patients are categorised further based on their ability to pay for health services into two categories: H1 & H2. The fees payable by the partially subsidised patients are expressed as a percentage of the fees payable by full paying patients as determined by the latest edition of the Uniform Patient Fee Schedule (UPFS).

Patients being treated by their private practitioner are liable for the full UPFS fee.

<b>H2</b>	Individual: Income less than R72 000 per annum	Consultations: <b>70%</b> with differentiation for emergency consultations Inpatient days: <b>7% per day</b> with differentiation on the basis of bed type Procedures, imaging and oral health: <b>50%</b> Patient and Emergency Transport: <b>15%</b> Assistive devices: <b>75%</b> All other services: Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
	Household: Income less than R100 000 per annum	

CODE	DESCRIPTION	BASIS	Professional Fee R	LEVEL 1		LEVEL 2		LEVEL 3	
				R	c	R	c	R	c
<b>01</b>	<b>Anaesthetics (50%)</b>								
0111	Anaesthetics Cat A – General medical practitioner	Procedure	50.00						
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	80.00						
0121	Anaesthetics Cat B – General medical practitioner	Procedure	95.00						
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	140.00						
0131	Anaesthetics Cat C – General medical practitioner	Procedure	325.00						
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	490.00						
<b>02</b>	<b>Confinement</b>								
0210	Confinement – Facility Fee	Incident	0	0	0	0	0	0	0
0211	Confinement – General medical practitioner	Incident	0	0	0	0	0	0	0
0212	Confinement – Specialist medical practitioner	Incident	0	0	0	0	0	0	0
0213	Confinement – Nursing practitioner	Incident	0	0	0	0	0	0	0
<b>03</b>	<b>Dialysis (50%)</b>								
0310	Haemo – Facility Fee	Session		360.00	360.00	410.00			
0311	Haemo-dialysis – General medical practitioner	Session	70.00	430.00	430.00	480.00			
0312	Haemo-dialysis – Specialist medical practitioner	Session	85.00	445.00	445.00	495.00			
0320	Peritoneal Dialysis – Facility Fee	Day		55.00	55.00	65.00			
0321	Peritoneal Dialysis – General medical practitioner	Day	10.00	65.00	65.00	75.00			
0322	Peritoneal Dialysis – Specialist medical practitioner	Day	15.00	70.00	70.00	80.00			
<b>04</b>	<b>Medical Reports (100%)</b>								
0410	Medical Report – Facility Fee	Report		70.00	70.00	85.00			
0411	Medical Report – General medical practitioner	Report	130.00	200.00	200.00	215.00			
0412	Medical Report – Specialist medical practitioner	Report	200.00	270.00	270.00	285.00			

<b>05</b>	<b>Imaging (50%)</b>					
0510	Radiology, Cat A – Facility Fee	Procedure		20.00	20.00	25.00
0511	Radiology, Cat A – General medical practitioner	Procedure	20.00	40.00	40.00	45.00
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	35.00	55.00	55.00	60.00
0514	Radiology, Cat A – Allied health practitioner	Procedure	15.00	35.00	35.00	40.00
0520	Radiology, Cat B – Facility Fee	Procedure		50.00	50.00	55.00
0521	Radiology, Cat B – General medical practitioner	Procedure	50.00	100.00	100.00	105.00
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	95.00	145.00	145.00	150.00
0524	Radiology, Cat B – Allied health practitioner	Procedure	45.00	95.00	95.00	100.00
0530	Radiology, Cat C – Facility Fee	Procedure		235.00	235.00	265.00
0531	Radiology, Cat C – General medical practitioner	Procedure	150.00	385.00	385.00	415.00
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	460.00	695.00	695.00	725.00
0540	Radiology, Cat D – Facility Fee	Procedure		595.00	595.00	680.00
0541	Radiology, Cat D – General medical practitioner	Procedure	550.00	1,145.00	1,145.00	1,230.00
0542	Radiology, Cat D – Specialist	Procedure	1,145.00	1,740.00	1,740.00	1,825.00
<b>06</b>	<b>Inpatients (7%/ day)</b>					
0610	Inpatient General ward – Facility Fee	Day		25.00	35.00	65.00
0611	Inpatient General Ward – General medical practitioner	Day	5.00	30.00	40.00	70.00
0612	Inpatient General Ward – Specialist medical practitioner	Day	10.00	35.00	45.00	75.00
0620	Inpatient High care – Facility Fee	Day		40.00	50.00	70.00
0621	Inpatient High Care – General medical practitioner	Day	5.00	45.00	55.00	75.00
0622	Inpatient High Care – Specialist medical practitioner	Day	10.00	50.00	60.00	80.00
0630	Inpatient Intensive care – Facility Fee	Day		130.00	130.00	160.00
0631	Inpatient Intensive Care – General medical practitioner	Day	5.00	135.00	135.00	165.00
0632	Inpatient Intensive Care – Specialist medical practitioner	Day	10.00	140.00	140.00	170.00
0640	Inpatient Chronic care – Facility Fee	Day		10.00	15.00	20.00
0641	Inpatient Chronic care – General medical practitioner	Day	5.00	15.00	20.00	25.00
0642	Inpatient Chronic care – Specialist medical practitioner	Day	5.00	15.00	20.00	25.00
0643	Inpatient Chronic care – Nursing practitioner	Day	5.00	15.00	20.00	25.00
0650	Day patient – Facility Fee	Day		20.00	30.00	40.00
0651	Day patient – General medical practitioner	Day	5.00	25.00	35.00	45.00
0652	Day patient – Specialist medical practitioner	Day	10.00	30.00	40.00	50.00
0653	Day patient – Nursing practitioner	Day	5.00	25.00	35.00	45.00
0660	Inpatient Boarder/Patient companion – Facility Fee	Day		10.00	10.00	15.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	5.00	15.00	15.00	20.00
<b>07</b>	<b>Mortuary (100%)</b>					
0710	Mortuary – Facility Fee	Day		94.00	94.00	107.00
0720	Cremation Certificate – Facility Fee	Certificate		94.00	94.00	107.00
<b>08</b>	<b>Pharmaceutical</b>					
0810	Medication Fee – Facility Fee	Prescription		17.00	17.00	20.00
<b>09</b>	<b>Oral Health (Hospitals) (50%)</b>					
0910	Oral Care Cat A – Facility Fee	Procedure		5.00	5.00	10.00
0911	Oral Care Cat A – General practitioner	Procedure	10.00	15.00	15.00	20.00
0912	Oral Care Cat A – Specialist practitioner	Procedure	10.00	15.00	15.00	20.00
0914	Oral Care Cat A – Allied health practitioner	Procedure	10.00	15.00	15.00	20.00
0920	Oral Care Cat B – Facility Fee	Procedure		20.00	20.00	25.00
0921	Oral Care Cat B – General practitioner	Procedure	25.00	45.00	45.00	50.00
0922	Oral Health Cat B – Specialist practitioner	Procedure	40.00	60.00	60.00	65.00

0924	Oral Care Cat B – Allied health practitioner	Procedure	20.00	40.00	40.00	45.00
0930	<b>Oral Care Cat C – Facility Fee</b>	Procedure		130.00	130.00	150.00
0931	Oral Care Cat C – General practitioner	Procedure	145.00	275.00	275.00	295.00
0932	Oral Care Cat C – Specialist practitioner	Procedure	245.00	375.00	375.00	395.00
0940	<b>Oral Care Cat D – Facility Fee</b>	Procedure		510.00	510.00	585.00
0941	Oral Care Cat D – General practitioner	Procedure	440.00	950.00	950.00	1025.00
0942	Oral Care Cat D – Specialist practitioner	Procedure	905.00	1415.00	1415.00	1490.00
0950	<b>Oral Care Cat E – Facility Fee</b>	Procedure		1720.00	1720.00	1970.00
0951	Oral Care Cat E – General practitioner	Procedure	1485.00	3205.00	3205.00	3455.00
0952	Oral Care Cat E – Specialist practitioner	Procedure	3045.00	4765.00	4765.00	5015.00
<b>10</b>	<b>Consultations (70%)</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		30.00	30.00	40.00
1011	Outpatient Consultation – General medical practitioner	Visit	35.00	65.00	65.00	75.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	80.00	110.00	110.00	120.00
1013	Outpatient Consultation – Nursing practitioner	Visit	20.00	50.00	50.00	60.00
1014	Outpatient Consultation – Allied health practitioner	Visit	20.00	50.00	50.00	60.00
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		65.00	65.00	75.00
1021	Emergency Consultation – General medical practitioner	Visit	55.00	120.00	120.00	130.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	120.00	185.00	185.00	195.00
1023	Emergency Consultation – Nursing practitioner	Visit	30.00	95.00	95.00	105.00
1024	Emergency Consultation – Allied health practitioner	Visit	35.00	100.00	100.00	110.00
<b>11</b>	<b>Ambulatory Procedures (50%)</b>					
1110	<b>Ambulatory Procedure Cat A – Facility Fee</b>	Procedure		110.00	110.00	130.00
1111	Ambulatory Procedure Cat A – General medical practitioner	Procedure	40.00	150.00	150.00	170.00
1112	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	70.00	180.00	180.00	200.00
1113	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	20.00	130.00	130.00	150.00
1120	<b>Ambulatory Procedure Cat B – Facility Fee</b>	Procedure		110.00	110.00	130.00
1121	Ambulatory Procedure Cat B – General medical practitioner	Procedure	55.00	165.00	165.00	185.00
1122	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	125.00	235.00	235.00	255.00
1130	<b>Ambulatory Procedure Cat C – Facility Fee</b>	Procedure		110.00	110.00	130.00
1131	Ambulatory Procedure Cat C – General medical practitioner	Procedure	90.00	200.00	200.00	220.00
1132	Ambulatory Procedure Cat C – Specialist medical practitioner	Procedure	195.00	305.00	305.00	325.00
1140	<b>Ambulatory Procedure Cat D – Facility Fee</b>	Procedure		110.00	110.00	130.00
1141	Ambulatory Procedure Cat D – General medical practitioner	Procedure	230.00	340.00	340.00	360.00
1142	Ambulatory Procedure Cat D – Specialist medical practitioner	Procedure	520.00	630.00	630.00	650.00
<b>12</b>	<b>Theatre Procedures (50%)</b>					
1210	<b>Theatre Procedure Cat A – Facility Fee</b>	Procedure		350.00	515.00	590.00
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	35.00	385.00	550.00	625.00
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	70.00	420.00	585.00	660.00
1220	<b>Theatre Procedure Cat B – Facility Fee</b>	Procedure		530.00	775.00	895.00
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	55.00	585.00	830.00	950.00
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	125.00	655.00	900.00	1020.00
1230	<b>Theatre Procedure Cat C – Facility Fee</b>	Procedure		910.00	1335.00	1540.00
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	85.00	995.00	1420.00	1625.00
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	195.00	1105.00	1530.00	1735.00
1240	<b>Theatre Procedure Cat D – Facility Fee</b>	Procedure		2330.00	3420.00	3940.00
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	230.00	2560.00	3650.00	4170.00
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	520.00	2850.00	3940.00	4460.00

<b>13</b>	<b>Treatments (70%)</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Contact		<b>20.00</b>	<b>20.00</b>	<b>25.00</b>
1314	Supplementary Health Treatment – Allied health practitioner	Contact	<b>35.00</b>	<b>55.00</b>	<b>55.00</b>	<b>60.00</b>
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Contact		<b>15.00</b>	<b>15.00</b>	<b>20.00</b>
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	<b>30.00</b>	<b>45.00</b>	<b>45.00</b>	<b>50.00</b>
<b>14</b>	<b>Emergency Medical Services (15%)</b>					
1410	<b>Patient transport service – Facility Fee</b>	100km		<b>30.00</b>		
1420	Basic life support – Facility Fee	50km		<b>80.00</b>		
1430	<b>Intermediate life support – Facility Fee</b>	50km		<b>105.00</b>		
1440	Advanced life support – Facility Fee	50km		<b>180.00</b>		
1450	<b>Emergency service standby – Facility Fee (100%)</b>	Hour		<b>55.00</b>	<b>55.00</b>	<b>55.00</b>
1451	Emergency service standby – General medical practitioner	Hour	<b>225.00</b>	<b>280.00</b>	<b>280.00</b>	<b>280.00</b>
1452	Emergency service standby – Specialist medical practitioner	Hour	<b>340.00</b>	<b>395.00</b>	<b>395.00</b>	<b>395.00</b>
1453	Emergency service standby – Nursing practitioner	Hour	<b>150.00</b>	<b>205.00</b>	<b>205.00</b>	<b>205.00</b>
1454	Emergency service standby – Allied health practitioner	Hour	<b>150.00</b>	<b>205.00</b>	<b>205.00</b>	<b>205.00</b>
1460	<b>Rescue – Facility Fee (15%)</b>	Incident		<b>85.00</b>	<b>85.00</b>	<b>90.00</b>
1461	Rescue – General medical practitioner	Incident	<b>130.00</b>	<b>215.00</b>	<b>215.00</b>	<b>220.00</b>
1462	Rescue – Specialist medical practitioner	Incident	<b>190.00</b>	<b>275.00</b>	<b>275.00</b>	<b>280.00</b>
1463	Rescue – Nursing practitioner	Incident	<b>85.00</b>	<b>170.00</b>	<b>170.00</b>	<b>175.00</b>
1464	Rescue – Allied health practitioner	Incident	<b>85.00</b>	<b>170.00</b>	<b>170.00</b>	<b>175.00</b>
<b>15</b>	<b>Assistive Devices &amp; Prosthesis (75%)</b>					
1510	Item Fee	Item		Varies		
<b>16</b>	<b>Cosmetic Surgery (100%)</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		<b>1,470.00</b>	<b>1,470.00</b>	<b>1,680.00</b>
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	<b>1,005.00</b>	<b>2,475.00</b>	<b>2,475.00</b>	<b>2,685.00</b>
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	<b>1,510.00</b>	<b>2,980.00</b>	<b>2,980.00</b>	<b>3,190.00</b>
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		<b>3,310.00</b>	<b>3,310.00</b>	<b>3,780.00</b>
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	<b>850.00</b>	<b>4,160.00</b>	<b>4,160.00</b>	<b>4,630.00</b>
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	<b>1,270.00</b>	<b>4,580.00</b>	<b>4,580.00</b>	<b>5,050.00</b>
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		<b>5,345.00</b>	<b>5,345.00</b>	<b>6,110.00</b>
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	<b>1,700.00</b>	<b>7,045.00</b>	<b>7,045.00</b>	<b>7,810.00</b>
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	<b>2,550.00</b>	<b>7,895.00</b>	<b>7,895.00</b>	<b>8,660.00</b>
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		<b>9,025.00</b>	<b>9,025.00</b>	<b>10,315.00</b>
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	<b>1,905.00</b>	<b>10,930.00</b>	<b>10,930.00</b>	<b>12,220.00</b>
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	<b>2,805.00</b>	<b>11,830.00</b>	<b>11,830.00</b>	<b>13,120.00</b>



0631	Inpatient Intensive Care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0632	Inpatient Intensive Care– Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0640	<b>Inpatient Chronic care – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0641	Inpatient Chronic care – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0642	Inpatient Chronic care – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0643	Inpatient Chronic care – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0650	<b>Day patient – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0651	Day patient – General medical practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0652	Day patient – Specialist medical practitioner	Per 30 Days	10.00	35.00	45.00	80.00
0653	Day patient – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
0660	<b>Inpatient Boarder/Patient companion – Facility Fee</b>	Per 30 Days		25.00	35.00	70.00
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Per 30 Days	5.00	30.00	40.00	75.00
<b>07</b>	<b>Mortuary</b>					
0710	<b>Mortuary – Facility Fee</b>	Day		0	0	0
0720	Cremation Certificate – Facility Fee	Certificate		0	0	0
<b>10</b>	<b>Consultations (20%)</b>					
1010	<b>Outpatient Consultation – Facility Fee</b>	Visit		10.00	10.00	15.00
1011	Outpatient Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1012	Outpatient Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1013	Outpatient Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1014	Outpatient Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
1020	<b>Emergency Consultation – Facility Fee</b>	Visit		10.00	10.00	15.00
1021	Emergency Consultation – General medical practitioner	Visit	10.00	20.00	20.00	25.00
1022	Emergency Consultation – Specialist medical practitioner	Visit	25.00	35.00	35.00	40.00
1023	Emergency Consultation – Nursing practitioner	Visit	5.00	15.00	15.00	20.00
1024	Emergency Consultation – Allied health practitioner	Visit	5.00	15.00	15.00	20.00
<b>13</b>	<b>Treatments (20%)</b>					
1310	<b>Supplementary Health Treatment – Facility Fee</b>	Contact		5.00	5.00	10.00
1314	Supplementary Health Treatment – Allied health practitioner	Contact	10.00	15.00	15.00	20.00
1320	<b>Supplementary Health Group Treatment – Facility Fee</b>	Contact		5.00	5.00	10.00
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	10.00	15.00	15.00	20.00
<b>14</b>	<b>Emergency Medical Services (5%)</b>					
1410	Patient transport service – Facility Fee	100km		10.00	10.00	10.00
1420	<b>Basic life support – Facility Fee</b>	50km		25.00	25.00	25.00
1430	Intermediate life support – Facility Fee	50km		35.00	35.00	35.00

1440	<b>Advanced life support – Facility Fee</b>	50km		60.00	60.00	60.00
1450	<b>Emergency service standby – Facility Fee (100%)</b>	Hour		55.00	55.00	55.00
1451	Emergency service standby – General medical practitioner	Hour	225.00	280.00	280.00	280.00
1452	Emergency service standby – Specialist medical practitioner	Hour	340.00	395.00	395.00	395.00
1453	Emergency service standby – Nursing practitioner	Hour	150.00	205.00	205.00	205.00
1454	Emergency service standby – Allied health practitioner	Hour	150.00	205.00	205.00	205.00
1460	<b>Rescue – Facility Fee (5%)</b>	Incident		30.00	30.00	30.00
1461	Rescue – General medical practitioner	Incident	45.00	75.00	75.00	75.00
1462	Rescue – Specialist medical practitioner	Incident	65.00	95.00	95.00	95.00
1463	Rescue – Nursing practitioner	Incident	30.00	60.00	60.00	60.00
1464	Rescue – Allied health practitioner	Incident	30.00	60.00	60.00	60.00
<b>15</b>	<b>Assistive Devices &amp; Prosthesis (25%)</b>					
1510	Item Fee	Item	Varies			
<b>16</b>	<b>Cosmetic Surgery (100%)</b>					
1610	<b>Cosmetic Surgery Cat A – Facility Fee</b>	Procedure		1,470.00	1,470.00	1,680.00
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1,005.00	2,475.00	2,475.00	2,685.00
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	1,510.00	2,980.00	2,980.00	3,190.00
1620	<b>Cosmetic Surgery Cat B – Facility Fee</b>	Procedure		3,310.00	3,310.00	3,780.00
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	850.00	4,160.00	4,160.00	4,630.00
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	1,270.00	4,580.00	4,580.00	5,050.00
1630	<b>Cosmetic Surgery – Cat C – Facility Fee</b>	Procedure		5,345.00	5,345.00	6,110.00
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	1,700.00	7,045.00	7,045.00	7,810.00
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	2,550.00	7,895.00	7,895.00	8,660.00
1640	<b>Cosmetic Surgery Cat D – Facility Fee</b>	Procedure		9,025.00	9,025.00	10,315.00
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	1,905.00	10,930.00	10,930.00	12,220.00
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	2,805.00	11,830.00	11,830.00	13,120.00

## CHAPTER SEVEN

### FEES – OTHER (Non-Private)

#### 7.1 MORTUARY FEES

Persons who die in a departmental health facility, FREE for the first 24 hours, and thereafter charged according to the UPFS tariffs and level of the hospital. **H1 and H0 mortuaries are free of charge.**

#### 7.2 ARTIFICIAL AIDS, ASSISTIVE DEVICES, AND ORAL HEALTH PROSTHETICS

**See the schedule of prosthetic devices.**

Where crutches and walking aids are supplied, they should be wooden or aluminium. They should be sold at cost-price. Glucometers if supplied should be sold at cost-price. A supplementary price will be charged for assistive devices such as spectacles, hearing aids, wheelchairs and false teeth.

#### 7.3 SUPPLY OF OXYGEN-RELATED EQUIPMENT

**Hospital patients are required to pay:-**

- (1) a **deposit of R150-00** for the supply of oxygen-related equipment, including oxygen concentrator, regulator, etc.; and
- (2) the refilling of the gas cylinder(s), except for a patient's prescribed long-term domiciliary oxygen (LTDOTS) by a specialist according to the guidelines. Should a patient not comply with treatment guidelines (e.g. if patient continues smoking), the oxygen apparatus and supply will be withdrawn or private rates charged.
- (3) The R150-00 deposit can be refunded from petty cash or through Logis.

As a rule, oxygen is NOT supplied to private patients, who should purchase their own equipment. Where oxygen equipment hired out, as an exception to this rule, should pay the fee for assistive devices.

#### OWNERSHIP AND RETURN OF THE OXYGEN-RELATED EQUIPMENT

The cylinder and related apparatus (e.g. regulator) is rented by the departmental hospital, and thus remains the property of the supplier or the departmental hospital and must be returned to the hospital after use.

Patients are to be advised that should they fail to return these items to the hospital, they will be billed for the replacement cost of such items. Hospitals are to follow-up on these items and ensure that the patient returns them or on the patient's death, by the family.

Note that a deposit of R150-00 applies. If the equipment is returned unserviceable, the deposit will be forfeited.

#### 7.4 COSMETIC SURGERY

A patient who presents at a departmental hospital for the purpose of undergoing **elective** cosmetic surgery must be billed at **private** rates, in cash, prior to admission. The UPFS fees above apply.



## 7.5 NOTES ON CHARGES FOR HOSPITAL PATIENTS (i.e. NON-PRIVATE)

- (a) **OUTPATIENT VISIT:** When an outpatient is admitted as an inpatient during an outpatient visit, **the basic outpatient tariff falls away**. This should be electronically done through PAAB.
- (b) **ALLIED HEALTH SERVICES:** A comprehensive package is applicable where:-
- (i) A SERIES of therapeutic or rehabilitation treatment regimes is given;
  - (ii) TRAINING OR COUNSELLING is given to patients with impairments or disabilities in any way; and
  - (iii) GROUP THERAPY (i.e. where one person trains/counsels/rehabilitates two or more individuals) is practiced preceding or following acute stage of individual treatment e.g. coronary thrombosis, diseases of lifestyle such as diabetes and hypertension, psychiatry and pre- and post-natal exercise sessions.
- The fee for these comprehensive services is payable **per contact, in cases of each private patient – see the UPFS schedule**.
- For **Hospital** Patients, the comprehensive fee (see 6.5 above) for these services is payable **once** per 30 day period (or part thereof) **IN ADVANCE** irrespective of the number of attendances during the 30 day period.
- (c) **LONG TERM PATIENTS:** Patients who for medical reasons have to be hospitalised for a continuous period of more than 30 days and who require continuous nursing and medical care are to pay the applicable tariff per 30 days or part thereof.

### **See the schedule of prosthetic devices.**

Where crutches are supplied, they should be sold at cost-price. Glucometers if supplied should be sold at cost-price.

## 7.6 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 based on income as stipulated.

The following shall be the tariff for the conveyances in ambulances (*excluding air-ambulances*) or patient transport vehicles operated by the department, for a patient who requires emergency, casualty or inpatient treatment:

14 <i>Emergency Medical Services</i>						
1410	Patient transport service – Facility Fee	100km		218.00	218.00	218.00
1420	Basic life support – Facility Fee	50km		595.00	595.00	595.00
1430	Intermediate life support – Facility Fee	50km		804.00	804.00	804.00
1440	Advanced life support– Facility Fee	50km		1336.00	1336.00	1336.00
1450	Emergency service standby – Facility Fee	Once-Off		175.00	175.00	175.00
1451	Emergency service standby – General medical practitioner	Hour	255.00			
1452	Emergency service standby – Specialist medical practitioner	Hour	382.00			
1453	Emergency service standby – Nursing practitioner	Hour	169.00			
1454	Emergency service standby – Basic life support practitioner		88.00			
1455	Emergency service standby – Intermediate life support practitioner		109.00			
1456	Emergency service standby – Advanced life support practitioner		233.00			
1460	Rescue – Facility Fee	Incident		637.00	637.00	637.00
1461	Rescue – General medical practitioner	Incident	955.00			
1462	Rescue – Specialist medical practitioner	Incident	1432.00			
1463	Rescue – Nursing practitioner	Incident	637.00			
1464	Rescue – Basic life support practitioner	Incident	88.00			
1465	Rescue – Intermediate life support practitioner	Incident	109.00			
1466	Rescue – Advanced life support practitioner	Incident	233.00			
1470	Emergency transport air services fixed wing	50km		1336.00	1336.00	1336.00
1480	Emergency transport air services helicopter	50km		1336.00	1336.00	1336.00
1490	Emergency service standby – Facility Fee	Additional 50km		129.00	129.00	129.00

- Where an ambulance is requested for deployment on a standby basis, a charge of **R175.00 once off is levied plus the professional fee charged on an hourly rate**. The Head of Department or such other person duly authorised by her/him may authorise 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 authorised by her/him may authorise 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 by the health authority.

## 7.7 REPORTS AND CERTIFICATES:

### 7.7.1 FREE REPORTS AND CERTIFICATES

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

- (1) application for employment in the Public Service (SAPS, SANDF, Correctional Services only)
- (2) 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
- (3) original sick leave certificates;
- (4) 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
- (5) medical reports for review of disability for social support grants.

### 7.7.2 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 authorised person. Tariff to be charged will be according to the **level of the institution plus the facility fee**.

Where copies only are made of reports, a tariff of **professional fee plus the facility fee** is charged.

## 7.8 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.<br>+ plus nursing fee (if utilised)  |
| (ii) Boarders: HOSPITAL PATIENTS    | to pay the H1, H2 or H3<br>tariffs applicable to the patient. |

## 7.9 CREMATION CERTIFICATE

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

**CHAPTER EIGHT****PROCEDURES****8.1 DIAGNOSTIC SERVICES RENDERED IN TERMS OF THE COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT IN MINES AND WORKS ACT (ODMWA ) ACT NO 78 OF 1973.**

8.1.1 Where the director of the Medical Bureau for Occupational Disease (MBOD ) refers ex mineworkers or other clients for X Ray and / or other examinations, an account is sent from the institutions for the prescribed diagnostic service to the Director, MBOD, at BOX 995 PRETORIA 0001.

**8.2 LONG TERM PATIENTS**

8.2.1 Long term hospital patients, including social pensioners, who are still accommodated in curative or psychiatric hospitals after a maximum of 90 days, become the responsibility of the relevant department which administers the person's pension benefits or is legally responsible for the person, and those departments should be charged the maximum daily fees applicable to a general ward in a regional hospital.

8.2.2 The Department of Population and Development will be responsible for those in need of care who do not require continual medical attention and trained nursing. Such patients should therefore be discharged.

8.2.3 When long-term hospital patients are brought to the attention of the medical superintendent, s/he should investigate the person's circumstances to determine whether the person satisfies the requirements that the Department of Social Services, Population and Development should meet the person's financial obligation to the Department for her/his further accommodation.

8.2.4 A committee comprising the medical superintendent, the hospital matron, the hospital manager / chief executive officer and a **medical social** worker and/or social worker from the Department of Social Services, Population and Development should conduct the investigation. The absence of the social worker shall not influence the decision of the committee.

8.2.5 Should the committee decide that the person no longer requires continual medical attention and trained nursing care; the hospital should treat the person concerned in terms of the above recommendations.

**8.2.6 LONG-TERM PATIENTS LEAVE OF ABSENCE**

The patient or her/his guardian must apply for leave. The application (Annexure D) must be supported by the attending medical practitioner. The patient must indemnify the department and the Hospital in respect of any claims that may arise due to complications during her/his absence. The patient remains liable for hospital fees during her/his absence.

### 8.3 INJURY ON DUTY – COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT 1993

8.3.1 Whereas employees can be encourage to be treated at a public hospital, they may not be restricted to these public hospitals according to the COID Act, the exempted employer must pay all reasonable medical expenses consistent with the tariffs prescribed by the Compensation Commissioner. The employer may not demand or receive any contribution from an employee in the form of payment for medical costs in terms of section 77 of the COID Act. If the services are not available in the public hospital, the patient can be referred to a Private Hospital, in which case, the account will be paid by the public hospital.

8.3.2 The employer or delegate should fill in the relevant forms and send an account to the **Commissioner** for Occupational Injuries and Diseases as soon as possible (not less than 48 hours). The Department of Public Service and Administration (DPSA) guidelines prescribe that all medical expenses must be paid by the exempted employers who must budget for such costs.

8.3.3 Provincial Administrations are registered as exempted employers in terms of section 84 of the COID Act and are as such liable for the payment of compensation including reasonable medical expenses for their employees.

### 8.4 FUNCTIONAL EVALUATION – OCCUPATIONAL THERAPY

8.4.1 Where patients are referred to hospitals which render this specialized service in order to evaluate the patient's functional ability in relation to employment and development **private outpatient tariff** should be levied for every visit to the occupational therapy section. An estimate of the number of visits required is made beforehand and the firm of attorneys/institution concerned should then pay IN ADVANCE for the number of visits multiplied by the prescribed outpatient tariff, plus the tariff for medical report for the completion of the evaluation report. In cases where actual visits are less or more than the estimated visits, adjustments should be made.

### 8.5 SUPPLY OF FACTOR VIII TO HAEMOPHILIACS

8.5.1 Factor VIII should be treated as a blood product in terms of the Human Tissue Act, 1983. The pharmaceutical tariff must be recovered from the private patient without the addition of any surcharge.

### 8.6 PATIENTS WHO ARE HOSPITALISED IN DIFFERENT WARDS ON THE SAME DAY

8.6.1 The daily tariff is calculated in accordance with the tariff for the relevant ward where the patient is at midnight.

### 8.7 FOREIGN PATIENTS

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

- (a) Private hospital tariffs should be charged in cases where emergency medical services are needed.
- (b) Visitors who visit the Republic exclusively for medical treatment, as well as tourists who require elective procedures should furnish a **cash full amount for the full cover** of the costs for health services at the prescribed maximum 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.
- (c) 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.

- (d) Refugees and illegal immigrants pay the same tariff as private patients.
- (e) The existing agreements between the health authorities of South Africa and various other countries remain unchanged.

### 8.8 SCHOOL CHILDREN

- 8.8.1 School children who can be classified as **HO**, H1, H2, or H3 patients and who are referred with a letter of authority from the school nursing services or oral health services are treated FREE for all treatment arising from such letter of authority.
- 8.8.2 School children who are **private** patients may be treated at a Departmental hospital / dental clinic and pay the private patient tariff accordingly.
- 8.8.3 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.

### 8.9 PATIENTS WITH MENTAL DISORDERS

- 8.9.1 Patients with mental disorders who undergo a hysterectomy as a sterilisation procedure, should be treated FREE.

### 8.10 ISSUING OF ACCOUNTS

- 8.10.1 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 or attendance.
  - (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.
- 8.10.2 Hospital Management should consider the following steps in the collection of revenue:-
  - (a) Obtain cash payments as far as possible from patients not on medical aid.
  - (b) Obtain deposits of at least the prescribed outpatients and one day's inpatient fees, from patients who cannot supply a satisfactory guarantee.
  - (c) Place hospital patients on a lower group, on merit, where insufficient cash is on hand at attendance/admission.
  - (d) Allow H1 and H2 hospital patients free treatment on merit where no cash is available, and debtors are suspect.
  - (e) Set up ordinary accounts for all patients who:-
    - (i) are on an acceptable medical aid scheme; or
    - (ii) have provided an acceptable guarantee for the payment of the account; or
    - (iii) are private patients; or
    - (iv) are hospital patients who did not pay cash and could not satisfy hospital **manager and/or** management that relief should be granted in terms of the recommended delegations.
  - (f) Arrange a strategy for salary deductions, where possible, including government PERSAL or employee numbers.

### 8.11 TRANSFERS AND REFERRALS

- 8.11.1 The policy in regard to the charging of patients transferred between or referred to Departmental or state subsidized institutions is as follows:-
  - (a) Charges must be raised at the prescribed rates, against all private patients transferred or referred, by BOTH the transferring and receiving hospitals, as applicable.

- (b) The appropriate charge must be raised by the receiving hospital against hospital patients from a clinic or an outpatient department admitted as an inpatient at the receiving hospital.
- (c) The appropriate charge must be raised by the receiving hospital/institution where the referral is for the specific purpose of obtaining orthopaedic appliances or artificial aids.
- (d) No further charges must be raised against a hospital patient at the receiving hospital, if the patient is an inpatient at the referring hospital and is admitted or treated as an outpatient at the referred hospital. A patient **discharged** at the referring hospital and at a later date admitted at the receiving hospital, is NOT on transfer and must be **charged** accordingly.
- (e) A patient returned to the referring hospital admitted as an inpatient will NOT be charged again. A patient **discharged** from the receiving hospital, who at a later date presents for admission should be charged for that (**new**) **admission**.
- (f) Charges must be raised at the receiving hospital for all subsequent outpatient visits prescribed by the receiving hospital.
- (g) Referring institutions must ensure that the **appropriate revenue documentation** accompanies the patient, especially where accounts have to be set up for a hospital patient, or where FREE treatment at a reduced rate has been allowed in terms of the delegations.
- (h) An inpatient referral to a Regional Hospital will **NOT** create a new admission charge for that patient.
- (i) A patient, not previously admitted into another hospital, but referred to a Regional Hospital, even if then referred on to another hospital, will be charged for any admission to a Regional Hospital. This includes follow-up cases.
- (j) The referral hospital must arrange for the return of the deceased patient from the receiving hospital.

## CHAPTER NINE

**DELEGATIONS**

These delegations will be issued, in writing, to individuals who must sign receipt thereof before such delegation may be exercised.

The delegations should be listed in the job description of the individual.

<b>Delegation No.</b>	<b>Provision</b>	<b>Authority for delegation</b>	<b>Responsible official</b>	<b>Conditions</b>
128	To grant approval for the write-off of irrecoverable debt as a result of health services rendered to the public.	Subject to:-  Public Finance Management Act Section 44(1) and (2)	Chief Financial Officer	
130	To grant approval for the recovery in installments of debt	Public Finance Management Act Section 44(1) and (2)	Chief Financial Officer	



**CHAPTER TEN**

**ANNEXURE A**

PATIENT Ref. No. \_\_\_\_\_

**DECLARATION OF INCOME**

MPUMALANGA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

I, \_\_\_\_\_ with the identity number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

hereby declare that I am

- (a) a social pensioner \_\_\_\_\_ No. \_\_\_\_\_
- (b) a member of a medical scheme \_\_\_\_\_ with fund reference number \_\_\_\_\_
- (c) Unemployed \_\_\_\_\_

*(Please tick and/or complete as appropriate)*

My annual income is as follows:

**Income per Year**

R0	-	R36,000	<input type="text"/>
R36,001	-	R50,000	<input type="text"/>
R50,001	-	R80,000	<input type="text"/>
R80,001	-	R100,000	<input type="text"/>
R100,001	-	and above	<input type="text"/>

I declare the above information is to the best of my knowledge and believe to be true and correct in all respects. I acknowledge and understand that any false information supplied by me may make me liable to prosecution on a charge of fraud.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**CHAPTER ELEVEN**

**ANNEXURE B**

PATIENT Ref. No. \_\_\_\_\_

**FULL FINANCIAL DETAILS**  
**MPUMALANGA DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

I, \_\_\_\_\_ with the identity number

--	--	--	--	--	--	--	--	--	--	--	--	--

hereby declare that my financial position is as follows:

**Income per month**

Gross Salary                                      R \_\_\_\_\_  
Pension                                              R \_\_\_\_\_  
Interest on dividends                                R \_\_\_\_\_  
Dividends                                             R \_\_\_\_\_  
Allowances                                           R \_\_\_\_\_  
Other income                                         R \_\_\_\_\_

A payslip should be produced where available.

I declare the above information is to the best of my knowledge and belief to be true and correct in all respects. I acknowledge and understand that any false information supplied by me may make me liable to prosecution on a charge of fraud.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

CHAPTER TWELVE

ANNEXURE C

PATIENT Ref. No. \_\_\_\_\_

**APPLICATION FOR**  
**(A) REDUCTION OR WAIVER OF HOSPITAL FEES**  
**(B) RECLASSIFICATION**  
*(Delete which is not applicable)*

MPUMALANGA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

FULL NAME OF PATIENT: \_\_\_\_\_ with the identity number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

is / was a patient at the \_\_\_\_\_ Hospital, Mpumalanga.

(Relationship of patient to debtor): \_\_\_\_\_  
*in cases of guardianship, attach documentary proof.*

**FULL NAME AND ADDRESS OF PERSON RESPONSIBLE FOR THE PAYMENT OF THE FEES**

Name: \_\_\_\_\_

Identity Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: \_\_\_\_\_

Telephone no: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellphone no: \_\_\_\_\_ e-mail \_\_\_\_\_

No. of fully dependent children \_\_\_\_\_ Ages: \_\_\_\_\_

Other dependents, if any \_\_\_\_\_ Ages: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

**Income** (gross monthly / weekly)

Salary/ Wages

Person responsible:	_____
Wife:	_____
Allowance / bonus	_____
Pension:	_____
Interest of investment etc.	_____
Value of assistance toward/free board travel expenses. etc.	_____
<b>SUB-TOTAL:</b>	=====
Less: Pension (if applicable)	_____
<b>TOTAL</b>	=====

(Proof of income attached – income tax assessment / other relevant documents)

**Details of Monthly Expenditure**

Rent of house/flat	R.....
Bond redemption / levy	R.....
Property rates and taxes	R.....
Electricity & water	R.....
Groceries	R.....
Servants wages	R.....
Laundry / dry cleaning	R.....
Hire purchase: furniture	R.....
Hire purchase: motor vehicle	R.....
Clothing	R.....
Linen / crockery	R.....
Income tax	R.....
Insurance	R.....

Medical aid / medical insurance	R.....
Pension contributions	R.....
Educational expenses	R.....
Transport expenses	R.....
Entertainment	R.....
Medical expenses (other than Hospital)	R.....
Chemist	R.....
Court orders	R.....
Legal fees	R.....
Other (specify)	R.....
<b>TOTAL</b>	<b>R.....</b>

Note: The hire purchase agreements are held with the following companies:

NAME	AMOUNT OUTSTANDING	AMOUNT OF INSTALMENT	DATE AGREEMENT FINISHES
_____	R _____	R _____	_____
-	—	—	—
_____	R _____	R _____	_____
-	—	—	—
_____	R _____	R _____	_____
-	—	—	—
_____	R _____	R _____	_____
-	—	—	—

Comments (if any)

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**PARTICULARS OF MEDICAL AID SOCIETY**

Name of society: \_\_\_\_\_

Membership No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of member: \_\_\_\_\_

Amount paid by medical aid in respect of this account: R\_\_\_\_\_

In the case of repudiation of the account(s) by the medical aid you are liable for the payment thereof.

Particulars of exclusions from medical benefits and the reasons therefor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of medical expenses (including chemist accounts) incurred during the past year amounts to: R\_\_\_\_\_ (attach details)

Amount still outstanding R\_\_\_\_\_

Expenses paid by Medical Aid Society / Fund R\_\_\_\_\_

Expenses paid by debtor R\_\_\_\_\_

Statement of other financial commitments should be attached.

General information which the person appealing wishes to be brought to the attention of the Head of Department should also be attached.

A regular weekly/monthly remittance of R..... or a single payment of R..... is the maximum I can afford.

I declare under Oath that the above information is true and correct.

\_\_\_\_\_  
Signature

Sworn before me at ..... on this ..... day of ..... after the declarant has acknowledged that (s)he knows and understands the contents of this declaration.

\_\_\_\_\_  
JUSTICE OF THE PEACE / COMMISSIONER OF OATHS

**CHAPTER THIRTEEN**

**ANNEXURE D**

PATIENT Ref. No. \_\_\_\_\_

**REQUEST BY AN INPATIENT TO BE TEMPORARILY ABSENT FROM HOSPITAL IN ORDER TO GO HOME OR TO VISIT FRIENDS, E.G. FOR A WEEKEND**

MPUMALANGA DEPARTMENT OF HEALTH

NAME OF PATIENT: \_\_\_\_\_

WARD: \_\_\_\_\_ REF: \_\_\_\_\_

PERIOD OF ABSENCE REQUESTED:

FROM: \_\_\_\_\_ DAY \_\_\_ / \_\_\_ /200\_ TO: \_\_\_\_\_ DAY \_\_\_ / \_\_\_ /200\_

Request for absence recommended by:

\_\_\_\_\_  
SIGNATURE OF DOCTOR

\_\_\_\_\_  
DATE

**INDEMNITY AGREEMENT BY PATIENT**

I hereby declare that I am fully aware that this request is granted, subject to the following conditions:-

1. That I leave the hospital at my own risk and that neither my relatives nor I can, under any circumstances, hold the department responsible for any accident, of any kind, or sickness, or damage or loss as a result of my absence from the hospital.
2. That I am responsible for the payment of hospital fees for the full period of my hospitalisation including the above-mentioned periods of absence from the hospital.

\_\_\_\_\_  
SIGNATURE OF PATIENT/GUARDIAN

\_\_\_\_\_  
DATE

(in the case of a minor)

**FOR COMPLETION BY THE MEDICAL MANAGER**

Approved / Not approved

Comment: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEDICAL MANAGER

\_\_\_\_\_  
DATE

**FOR ATTENTION OF WARD PERSONNEL**

Patients during their absence from hospital, are regarded as present in the hospital, and must be included in the midnight census. Please file this form in the patient's folder and attach the duplicate A section to the patient's outpatient file.