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Media Statement

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Subject: Universal Patient Fees Structure at Eastern Cape Hospitals

NB. No one has been or will be turned away from a health institution because that person has not paid the required amount. Access to healthcare is a fundamental right of everyone in this country.

Section 27 of the Constitution of the Republic of South Africa is instructive on the latter statement.

The relevant section that guarantees access to healthcare is read as follows;

Section 27(1) Everyone has the right to have access-

a) health care services, including reproductive health
care;

(3) No one may be refused emergency medical treatment

The Uniform Patient Fee Schedule (UPFS) was implemented in South Africa in November 2000. It standardizes billing for services in the public health sector and categorizes patients based on income and funding status to guide fees charged in public hospitals and health facilities.

All hospitals in the country comply with the UPFS and its compliance is not only peculiar to one hospital in the Eastern Cape.

According to the departmental policy, Universal Patient Fees Structure (UPFS) patients are required to pay registration fees at admissions, categorised as follows:

- H0 – Exempt from payment (pensioners do not pay)
- H1 – For an individual whose income is less than R70 000 per annum and for household income less than R100 000.
- H2 – Paying patients, with fees structured as: R55 during office hours and R70 after hours.
- H3 – Patients with medical aids, with fees assessed based on services received.

As per the Universal Patient Fees Structure (UPFS), patient fees are categorised as follows:

Patient fees are categorised as follows:

1. H0 – No income, Social Pensioners – Services are free except where specified. e.g. Social Pensioner on medical aid.
2. H1 – For an individual income less than R70 000 per annum and for household income less than R100 000.
3. H2 – For an individual income less than R250 000 per annum and for household income less than R350 000.

H3 – Earning above R250 000 per annum single and R350 000 per annum household.

Any person even if one does not have money, can open a file and is mandatory to do so and that person will receive medical care.

The issue of payment to open a file is nothing new. It has been happening over years and the rates are published on an annual basis.

In instances where a person who is supposed to pay but cannot pay at that particular moment, a debt is recorded against the patient and this practice is also not new.

UPFS is applied in all hospitals in the Eastern Cape with the exception of TB Hospitals unless if the patient has medical aid. Hospitals charge fees except for TB hospitals, where TB treatment is provided free of charge unless the patient has medical aid. Clinics render primary health care services which are free.

Patients eligible for payment are required to settle their fees using cash or card, as the facility is equipped with bank card machines. Upon receiving payment, a receipt is immediately issued to the patient. The collected funds are then retrieved from patient administration by the Revenue Section for banking purposes; if banking does not occur immediately, the funds are securely stored in a safe.

Even if a file exists, the patient registration process must still be completed, and fees are payable for each consultation.

Each hospital has its own bank account, which is linked to the Department's main bank account.

The Department follows up on debt owed through telephone calls and verbal communication. The plan is to implement an SMS system to send reminders to debtors.

A patient must bring cash or a card to open a file and patients without money will still receive care. Opening a file refers to the patient registration process.

In conclusion, the department reiterates that the health of our patients comes first and that no patient will be turned nor has a patient ever been turned back without receiving healthcare.

The payments have been happening over years.

It is a similar approach in terms of indigent persons or pensioners who receive government aid because of their status, our people are not disadvantaged and denied health care because of their economic and social status.



A person who has a medical aid and goes to a hospital obviously pays because that persons pays the medical aid on a monthly basis to receive medical care.

Communities are advised to first start at a Clinic which is a Primary Health Care facility to receive health services before being referred to a higher level of care.

Communities are advised to familiarise themselves with the Policy on Universal Patient Fees Structure which is on the Eastern Cape Department's Website.

The End.

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