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[No. 6989

DEPARTMENT OF THE PRIME MINISTER

DEPARTEMENT VAN DIE EERSTE MINISTER

No. 947.

9 May 1980.

It is hereby notified that the State President has assented to the following Act which is hereby published for general information:—

No. 42 of 1980: Medical Schemes Amendment Act, 1980.

No. 947.

9 Mei 1980.

Hierby word bekend gemaak dat die Staatspresident sy goedkeuring gegee het aan die onderstaande Wet wat hiërby ter algemene inligting gepubliseer word:—

No. 42 van 1980: Wysigingswet op Mediese Skemas, 1980.

Wet No. 42, 1980

WYSIGINGSWET OP MEDIESE SKEMAS, 1980

ALGEMENE VERDUIDELIKENDE NOTA:

[] Woorde in vet druk tussen vierkantige hake dui skappings uit bestaande verordenings aan.

_____ Woorde met 'n volstreep daaronder, dui invoegings in bestaande verordenings aan.

WET

Tot wysiging van die Wet op Mediese Skemas, 1967, ten einde die bindende krag van die geldetarief, die lewering van rekenings deur geneeshere, tandartse en ander verskaffers van benodigdhede en hulpdienste en die betaling van sodanige rekenings verder te reël; en om vir bykomstige aangeleenthede voorsiening te maak.

*(Engelse teks deur die Staatspresident geteken.)
(Goedgekeur op 28 April 1980.)*

DAAR WORD BEPAAL deur die Staatspresident, die Senaat en die Volksraad van die Republiek van Suid-Afrika, soos volg:—

Wysiging van artikel 29 van Wet 72 van 1967, soos gewysig deur artikel 11 van Wet 95 van 1969, artikel 22 van Wet 43 van 1975 en artikel 8 van Wet 51 van 1978.

1. Artikel 29 van die Wet op Mediese Skemas, 1967 (hieronder die Hoofwet genoem), word hierby gewysig— 5
 - (a) deur in paragraaf (b) van subartikel (1) die woorde wat subparagraaf (i) voorafgaan en subparagraaf (i) deur die volgende woorde en subparagraaf te vervang:

„bedoelde persoon in privaatpraktyk staan en—

 - (i) minstens een maand voor die verstryking van 10 die kwartaal wat die kwartaal wat eindig op die laaste dag van Maart, Junie, September of Desember, na gelang van die geval, waarin bedoelde diens gelewer is, onmiddellik voorafgaan, by skriftelike kennisgewing die registrateur in kennis gestel het dat hy in privaatpraktyk staan en dat hy nie bereid is nie om dienste slegs teen die tariewe in die geldetarief uiteengesit aan lede of afhanklikes van lede van 'n mediese skema te lewer; en” 15
 - (b) deur die volgende subartikel by te voeg:

„(5) Die bepalings van subartikel (1) (b) geld slegs vir sover die Minister, na oorlegpleging met—

 - (a) enige vereniging in artikel 30 (1) bedoel, met betrekking tot enige klas of kategorie van inrigting 25 of plek in artikel 44 van die Wet op Gesondheid, 1977 (Wet No. 63 van 1977), bedoel of beoog; of
 - (b) die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad; en
 - (c) die Mediese Vereniging van Suid-Afrika, met 30 betrekking tot geneeshere; of
 - (d) die Tandheelkundige Vereniging van Suid-Afrika, met betrekking tot tandartse; of
 - (e) die vereniging, as daar is, wat die sielkundeberoep of die betrokke aanvullende gesondheidsdiensbe- 35 roep verteenwoordig, met betrekking tot persone wat die sielkundeberoep of 'n aanvullende gesondheidsdiensbereop beoefen,

nie anders by regulasie bepaal het nie.”

GENERAL EXPLANATORY NOTE:

[] Words in bold type in square brackets indicate omissions from existing enactments.

 Words underlined with solid line indicate insertions in existing enactments.

ACT

To amend the Medical Schemes Act, 1967, so as to further regulate the binding force of the tariff of fees, the rendering of accounts by medical practitioners, dentists and other suppliers of requirements and auxiliary services and the payment of such accounts; and to provide for incidental matters.

*(English text signed by the State President.)
(Assented to 28 April 1980.)*

BE IT ENACTED by the State President, the Senate and the House of Assembly of the Republic of South Africa, as follows:—

1. Section 29 of the Medical Schemes Act, 1967 (hereinafter referred to as the principal Act), is hereby amended—
 - (a) by the substitution in paragraph (b) of subsection (1) for the words preceding subparagraph (i) and subparagraph (i) of the following words and subparagraph:

“such person is in private practice and—

10 (i) had, not less than one month before the expiration of the quarter immediately preceding the quarter ending on the last day of March, June, September or December, as the case may be, in which such service was rendered, by notice in writing informed the registrar that he is in private practice and that

15 he was not prepared to render services to members or dependants of members of any medical scheme only at the tariffs specified in the tariff of fees; and”; and

20 (b) by the addition of the following subsection:

“(5) The provisions of subsection (1) (b) shall apply only in so far as the Minister, after consultation with—

25 (a) any association referred to in section 30 (1), in relation to any class or category of institution or place referred to, or contemplated, in section 44 of the Health Act, 1977 (Act No. 63 of 1977); or

(b) the South African Medical and Dental Council; and

(c) the Medical Association of South Africa, in relation to medical practitioners; or

30 (d) the Dental Association of South Africa, in relation to dentists; or

(e) the association, if any, which represents the profession of psychology or the supplementary health service profession concerned, in relation to persons practising the profession of psychology or a supplementary health service profession,

35 has not provided otherwise by regulation.”

Amendment of section 29 of Act 72 of 1967, as amended by section 11 of Act 95 of 1969, section 22 of Act 43 of 1975 and section 8 of Act 51 of 1978.

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Wysiging van
artikel 30 van
Wet 72 van 1967,
soos vervang deur
artikel 9 van
Wet 51 van 1978.

2. Artikel 30 van die Hoofwet word hierby gewysig deur subartikel (3) deur die volgende subartikel te vervang:

„(3) 'n Geldetarief waaroor ingevolge subartikel (1) ooreengekom word, of ingevolge subartikel (2) bepaal, en enige wysiging daarvan ingevolge subartikel (4), is nie van krag nie alvorens dit deur die Minister goedgekeur en [word] deur die registrateur in die Staatskoerant gepubliseer is.”

Vervanging van
artikel 32 van
Wet 72 van 1967,
soos vervang deur
artikel 4 van
Wet 49 van 1972
en gewysig deur
artikel 24 van
Wet 43 van 1975
en artikel 10 van
Wet 51 van 1978.

3. Artikel 32 van die Hoofwet word hierby deur die volgende artikel vervang:

„Rekeninge
van genees-
here, tand-
artse en
verskaffers
van beno-
digdhede of
hulpdienste.

32. (1) (a) 'n Geneesheer, tandarts of iemand wat 'n aanvullende gesondheidsdiensberoep beoefen of iemand anders wat dienste gelewer het aan, of enige medisyne, benodigdhede, apparaat of akkommodasie in 'n hospitaal of verpleeginrigting verskaf het aan 'n lid van 'n geregistreerde mediese skema of aan iemand ten opsigte van wie 'n lid van 'n geregistreerde skema op voordele kragtens die skema geregtig is, moet, behoudens die bepalinge van paragraaf (b), binne dertig dae vanaf die datum van bedoelde lewering of verskaffing en maandeliks daarna, indien die voordele van bedoelde skema van toepassing is ten opsigte van die lewering van die betrokke diens of die verskaffing van die betrokke medisyne, benodigtheid, apparaat of akkommodasie, aan die betrokke lid 'n rekening of staat verstrek waarin die besonderhede uiteengesit word wat voorgeskryf is.

(b) 'n Persoon of 'n inrigting of plek wat verplig is om dienste te lewer teen tariewe wat in die geldetarief uiteengesit is, kan, behoudens die vereistes voorgeskryf (as daar is), 'n in paragraaf (a) bedoelde rekening direk aan die betrokke skema stuur.

(2) 'n Persoon of 'n inrigting of plek wat ingevolge artikel 29 (1) verplig is om dienste te lewer teen die tariewe wat in die geldetarief uiteengesit is en wat 'n in subartikel (1) bedoelde rekening aan 'n lid verstrek, kan, indien 'n bedrag wat aan hom verskuldig is ten opsigte van dienste gelewer, behalwe dienste gelewer terwyl bedoelde persoon nie ingevolge [artikel 29 (1)] die geldetarief gebonde was nie [soos voormeld], nog nie betaal is nie na verloop van 'n tydperk van twee maande vanaf die datum waarop 'n in subartikel (1) bedoelde rekening aan die betrokke lid verstrek is, 'n afskrif van bedoelde rekening per aangetekende pos aan die betrokke geregistreerde mediese skema stuur.

(3) Binne [dertig dae] ses weke na ontvangs van [so 'n afskrif] 'n in subartikel (1) (a) of (b) bedoelde rekening of 'n in subartikel (2) bedoelde afskrif, betaal die betrokke geregistreerde mediese skema [n in subartikel (2) bedoelde] die in die rekening of afskrif vermelde bedrag direk aan die persoon aan wie daardie bedrag verskuldig is: Met dien verstande dat, ondanks die bepalinge van die in artikel 22 bedoelde reëls, geen geregistreerde mediese skema verplig is om bedoelde bedrag, of deel daarvan, te betaal nie, tensy [n afskrif van 'n in subartikel (1) bedoelde rekening] 'n in subartikel (2) bedoelde afskrif deur die bedoelde persoon aan die betrokke mediese skema gestuur

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2. Section 30 of the principal Act is hereby amended by the substitution for subsection (3) of the following subsection:

Amendment of section 30 of Act 72 of 1967, as substituted by section 9 of Act 51 of 1978.

5 “(3) Any tariff of fees agreed on under subsection (1), or determined under subsection (2), and any amendment thereof under subsection (4), shall not be of force and effect until approved by the Minister and published by the registrar in the Gazette.”.

3. The following section is hereby substituted for section 32 of the principal Act:

Substitution of section 32 of Act 72 of 1967, as substituted by section 4 of Act 49 of 1972 and amended by section 24 of Act 43 of 1975 and section 10 of Act 51 of 1978.

10 “Accounts of medical practitioners, dentists and suppliers of requirements or auxiliary services.

32. (1) (a) A medical practitioner, dentist or person practising a supplementary health service profession or other person who has rendered any service or supplied any medicine, requirement, appliance or accommodation in a hospital or nursing home to a member of a registered medical scheme or to any person in respect of whom a member of a registered scheme is entitled to benefits under the scheme, shall, subject to the provisions of paragraph (b), within thirty days from the date of such rendering or supplying and monthly thereafter, if the benefits of such scheme apply in respect of the rendering of the service or the supplying of the medicine, requirement, appliance or accommodation in question, furnish the member concerned with an account or statement reflecting such particulars as may be prescribed.

(b) Any person who or an institution or place which is bound to render services at the tariffs specified in the tariff of fees, may, subject to the prescribed requirements (if any), furnish the scheme concerned directly with an account referred to in paragraph (a).

(2) A person who or an institution or place which is bound in terms of section 29 (1) to render services at the tariffs specified in the tariff of fees and has furnished a member with an account referred to in subsection (1), may, if any amount due to him in respect of services rendered, other than services rendered while such person was not bound in terms of **[section 29 (1) as aforesaid]** the tariff of fees, is still unpaid after the expiration of a period of two months as from the date on which the member concerned has been furnished with an account referred to in subsection (1), send by registered post a copy of such account to the registered medical scheme concerned.

(3) Within **[thirty days]** six weeks after having received **[such a copy]** an account referred to in subsection (1) (a) or (b) or a copy referred to in subsection (2), the registered medical scheme shall pay any amount **[referred to in subsection (2)]** mentioned in the account or the copy directly to the person to whom such amount is due: Provided that, notwithstanding the provisions of the rules referred to in section 22, no registered medical scheme shall be obliged to pay any such amount, or portion thereof, unless a copy **[of an account]** referred to in subsection **[(1)]** (2) is sent to such medical

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word, nie later nie as die laaste dag van die vierde maand wat volg op die maand waarin die dienste gelewer is ten opsigte waarvan bedoelde bedrag verskuldig is.

(4) Ondanks die bepalinge van die reëls van 'n mediese skema, verminder die skema die bydrae wat 'n lid ingevolge sodanige reëls verplig is om te maak tot die betaling van 'n rekening ten opsigte van 'n diens, indien die persoon of inrigting of plek wat die diens gelewer het 'n tarief wat laer is as die tarief wat in die geldetarief uiteengesit is, hef, met die volle bedrag waarmee sodanige rekening minder is as die tarief ten opsigte van die diens wat in die geldetarief uiteengesit is.”.

Wysiging van artikel 41 van Wet 72 van 1967, soos vervang deur artikel 29 van Wet 43 van 1975.

4. Artikel 41 van die Hoofwet word hierby gewysig deur in subartikel (1) die woorde wat paragraaf (a) voorafgaan deur die volgende woorde te vervang:

„Die Minister kan, op die aanbeveling van die raad, behalwe waar hierdie Wet anders bepaal, regulasies uitvaardig met betrekking tot—”.

Kort titel.

5. Hierdie Wet heet die Wysigingswet op Mediese Skemas, 1980.

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scheme by such person not later than the last day of the fourth month following the month during which the services in respect of which such amount is due, were rendered.

5 (4) Notwithstanding the provisions of the rules
of a medical scheme, a scheme shall decrease the
contribution of a member which he is bound to
make in terms of such rules to the payment of an
10 account in respect of a service, if the person who
or institution or place which rendered the
service, charges a tariff which is lower than the
tariff specified in the tariff of fees, by the full
amount by which such account is lower than the
15 tariff in respect of the service specified in the
tariff of fees."

4. Section 41 of the principal Act is hereby amended by the
substitution in subsection (1) for the words preceding paragraph
(a) of the following words:

Amendment of
section 41 of
Act 72 of 1967,
as substituted by
section 29 of
Act 43 of 1975.

20 "The Minister may, on the recommendation of the council,
except where this Act provides otherwise, make regulations
relating to—"

5. This Act shall be called the Medical Schemes Amendment Act, 1980. Short title.

