GENERAL NOTICE
ALGEMENE KENNISGEWING

NOTICE 7 OF 2003

1 January 2003

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993

1. I, Rams Ramashia, Director-General of the Department Labour, hereby give notice that, after consultation with the Chiropractic Association of south Africa and acting under the powers vested in me by section 76 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the "Scale of Fees for Chiropractors" inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from **1 January 2003.**

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 January 2003** and **exclude VAT.**

RAMS RAMASHIA
Director-General: Labour

KENNISGEWING 7 VAN 2003

1 Januarie 2003

WET OP VERGOEDING VIR BEROEPSBESERINGS EN –SIEKTES, 1993 (WET No. 130 van 1993)

1. Ek, Rams Ramashia, Direkteur-Generaal van die Departement van Arbeid, maak hierby bekend dat ek, na oorlegpleging met die Vereniging van Chiropraktisyns van Suid-Afrika en handelende kragtens die bevoegdheid my verleen by artikel 76 van die Wet op Vergoeding vir Beroepsbeserings en –siektes, 1993 (Wet No. 130 van 1993), die "Tarief vir Chiropraktisyns" met inbegrip van die Algemene Reëls wat daarop van toepassing is, en wat in die Bylae van hierdie kennisgewing verskyn, met ingang van **1 Januarie 2003** voorskryf.

2. Die tariewe wat die Bylae voorkom, is van toepassing op dienste wat op of na **1 Januarie 2003** gelewer word en **sluit BTW uit.**

RAMS RAMASHIA
Direkteur-Generaal: Arbeid

GENERAL INFORMATION / *ALGEMENE INLIGTING*.

(i) THE EMPLOYEE AND THE DOCTOR

The employee is permitted to choose freely his own doctor, and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in total, i.e. including hospital, nursing and other services—section 78 of the Act.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. **To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

If an injured employee is in need of emergency treatment, the doctor should act in the same manner as he would to any patient who needs his urgent help. He should not, however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the Act. It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his doctor that he is a Compensation for Occupational Injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

(i) DIE WERKNEMER EN DIE GENEESHEER

Die werknemer het 'n vrye keuse van geneesheer en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reël is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet.

Kragtens die bepalings van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word uit die aard van die saak feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneeshere wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. **Ten einde geskille te voorkom, moet geneeshere hul daarvan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

In gevalle waar 'n beseerde werknemer noodbehandeling benodig, moet die geneesheer op dieselfde wyse as teenoor enige pasient wat sy hulp dringend nodig het optree. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

(ii) Except where otherwise stated the fees charged for services of a general practitioner shall be 80% of the fees of the specialist for the same service • Behalwe waar anders bepaal, is die gelde gehef vir die dienste van 'n algemene praktisyn 80% van die gelde van 'n spesialis vir dieselfde diens.

(iii) Monetary values have been rounded off to the nearest 10 cents on the basis that monetary values ending with a 1 to 4 cents value must be rounded off to the lower zero, and that 5 to 9 cents must be rounded off to the upper zero • Geldwaardes is afgerond tot die naaste 10 sent op die basis dat geldwaardes wat eindig met 'n 1 tot 4 sent waarde afgerond word tot die laer zero, en dat 5 tot 9 sent afgerond moet word tot die hoër zero.

(iv) The amounts published are calculated without VAT. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off. • Die bedrae gepubliseer is BTW uitgesluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As die eis teen die Fonds **aanvaar** word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*

2. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. All parties are informed of this decision, including the service providers. The injured employee will be liable for payment. Please take note that most medical schemes will accept the date of notification of non-acceptance as the service date and entertain such a claim • *As die eis teen die Fonds afgekeur word **(gerepudieer)**, word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening. Neem asseblief kennis dat die meerderheid van mediese fondse die die datum waarop die Kommissaris die eis van die hand wys aanvaar as die dienslewering sdatum en sal die rekening oorweeg vir vereffening.*

3. If **no decision** can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 1 and 2. Unfortunately, there are claims for which a decision might never be made due to a lack of forthcoming information • *Indien **geen besluit** geneem kan word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie.*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die **eerste rekening** vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*

2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die **werkgewer word in kennis gestel van die eisnommer.** Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*

3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee thereof • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis an 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n **erkenning van ontvangs** en nie 'n betaling of waarborg daarvan nie.*

4. If accounts are still outstanding after 60 days following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. **MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.***

5. If **no acknowledgement** was received and the account is unpaid **60 days** after it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied by any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL2), First (W.CL4), and Progress/Final (W.CL5/5F) medical reports ✎ *Indien* ***ontvangs nie erken is 60 dae na*** *versending aan die werkgewer, moet 'n* ***duplikaatrekening*** *ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese verslae.*

6. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the BHF practice number of the referring practitioner ✎ ***Inligting wat NIE aangedui moet word*** *op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se BHF praktyknommer.*

7. Service provider **should not generate** ✎ *Diensverskaffer* ***moenie die volgende genereer:***

   a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services ✎ ***Meer as een rekening*** *vir dienste gelewer op* ***dieselfde datum****, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
   b. **Commulative accounts** but rather submit a separate account for every month ✎ ***Aaneenlopende rekeninge****: aparte rekeninge per maand word verkies.*
   c. **Accounts on the old documents** (W.CL 4/5/5F) A new First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) form is available. The old forms combined with the account (W.CL11), were replaced. Accounts on the old medical reports will not be entertained (Example of new form included in this tariff) ✎ ***Rekeninge op die ou voorgeskrewe dokumente*** *van die Vergoedingskommissaris se. 'n Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is daarmee vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie. (voorbeeld van nuwe vorm ingesluit in die tarief)*

8. **Minimum information** to be indicated on the account submitted to the Commissioner ✎ ***Minimum besonderhede*** *wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:*

   a. Name of employee and ID number ✎ *Naam van werknemer en ID nommer.*
   b. Name of employer and registration number if available. ✎ *Name of employer and registration number if available*
   c. CC claim number/ alternatively employer's registration number ✎ *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
   d. DATE OF ACCIDENT (not only the service date) ✎ *DATUM VAN BESERING (nie slegs die diensdatum nie)*
   e. Service provider's reference number ✎ *Diensverskaffer se rekening nommer*
   f. The BHF practice number (In case of address change, BHF must be notified) ✎ *Die BHF praktyknommer (in geval van adresverandering moet dit by BHF verander word)*
   g. VAT registration number (The Compensation Commissioner will not pay VAT if a VAT registration number is not indicated on the account) ✎ *BTW registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
   h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) ✎ *Diensdatum (die werklike diensdatum moet aangedui word. Rekening datum is nie aanvaarbaar)*
   i. Items according to the official published tariffs ✎ *Items soos aangedui in die amptelik gepubliseerde tariewe.*
   j. Amount claimed per item and total for account ✎ *Bedrag ge-eis vir item en totaal van rekening.*

SCHEDULE • BYLAE

TARIFF OF FEES IN RESPECT OF CHIROPRACTIC SERVICES FOR 2003
GELDTARIEF TEN OPSIGTE VAN CHIROPRAKTISYNSTARIEF VIR 2003

GENERAL RULES GOVERNING THE TARIFF
ALGEMENE REëLS VAN TOEPASSING OP DIE TARIEF

001 "After hours treatment" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays. This rule shall apply for all treatment whether given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the employee's condition necessitates it.

The fee for all treatment under this rule shall be the total fee for treatment + 50%.

In cases where the chiropractor scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff.**

"Na-uurse behandeling" beteken dié behandeling wat gereël is in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae.

Hierdie reëling sal geld vir alle behandeling, hetsy dit in die praktisyn se kamers gegee word of by 'n verpleeginrigting, of by 'n private woning alleenlik indien vooraf gereël wanneer die werknemer se toestand dit vereis.

Vir alle behandeling ooreenkomstig hierdie reël is die geld die volle Tariefgeld vir die behandeling plus 50 persent.

In gevalle waar die chiropraktisyn se vaste werksure gedurende die week strek tot na 18:00 of op 'n Saterdag tot na 13:00 geld bogenoemde reël nie en die geld vir behandeling is die **gewone gelyste tarief.**

002 ***Travelling fees/Reisgelde***

(a) Where in the case of emergency, a chiropractor was called out from his residence or rooms to an employee's home or the hospital, travelling fees can be charged if he had to travel more than 16 kilometres in total.

(b) If more than one employee would be attended to during the course of a trip, the full travelling expenses must be devided *pro rata* between the relevant employees.

(c) A practitioner is not entitled to charge for any travelling expenses to his rooms.

When a chiropractor has to travel more that 16 kilometres in total to visit an employee, the fees shall be calculated as follows:

R5,00 per km for each kilometre in excess of 16 kilometres total travelled in **own car**: 19 km total = 3X R5,00 = R15,00.

(a) Waar 'n chiropraktisyn in 'n noodgeval vanaf sy huis of kamers na 'n werknemer se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word indien hy meer as 16 kilometer in totaal moet reis.

(b) Indien meer as een werknemer tydens 'n reis aandag geniet, moet die volle reisgeld *pro rata* tussen die werknemers verdeel word.

(c) 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste na sy kamers nie.

Waar 'n chiropraktisyn meer as 16 kilometer in totaal moet reis om 'n werknemer te besoek, word sy gelde as volg bereken:

R5,00 per km vir elke kilometer verder as 16 kilometer in totaal, afgelê in **eie motor**: 19 km totaal = 3 X R5,00 = R15.00.

003 After a series of 20 treatments for the same condition, further treatment is required, the practitioner must submit a progress report to the Commissioner indicating the necessity for further treatment and the number of further treatments required. Without such a report payment for treatments in excess of 20 shall not be considered.

Indien verdere behandeling vir dieselfde toestand na 'n reeks van 20 behandelings benodig word moet die praktisyn die Kommissaris van 'n vorderingsverslag voorsien waarin die noodsaaklikheid vir verdere behandeling en die aantal behandelings wat nog benodig word, duidelik aangedui word. Sonder so 'n verslag sal betaling vir meer as 20 behandelings nie oorweeg word nie.

004 The reports for completion by the practitioner:

(a) **The First Report (W.CI.4)**

The form is used for all injured employees of all races. The practitioner should note that the form is in the nature of a signed medical certificate and he should, therefore, observe due care in completing it, dating and signing it.

(b) **The Progress or Final Report (W.CI.5)**

This form is used either for progress reports or the final report, the appropriate descriptive title being retained as the case may be. Most of the items in the report are self-explanatory and require no special amplification.

Die verslae wat deur die praktisyn ingevul moet word:

(a) **Die Eerste Verslag (W.CI.4)**

Hierdie vorm word vir alle beseerde werknemers van alle rasse gebruik. Die praktisyn moet daarop let dat die vorm ooreenstem met 'n getekende geneeskundige sertifikaat en hy moet derhalwe behoorlik sorg dra wanneer hy dit invul, dateer en onderteken.

(b) **Die Vorderings- of Finale Verslag (W.CI.5)**

Hierdie vorm word óf vir die finale verslag gebruik en na gelang van omstandighede word die toepaslike opskrif behou. Meeste van die items in die verslag is selfverduidelikend en het geen verdere omskrywing nodig nie.

005 No more than four physical procedures and modalities will be reimbursed in one visit.

Multiple physical procedures and modalities shall be reimbursed as follows:

Major (highest valued procedures or modality)..... 100% of listed value.
Second (second-highest or equivalent valued procedure or modality)..... 50% of listed value.
Third (third-highest equivalent valued procedure or modality)..... 50% of listed value.
Fourth (fourth-highest or equivalent valued procedure or modality).....50% of listed value.

All treatment must be justified by the condition of the employee and the goals and objectives of the treatment plan.

Nie meer as vier fisiese prosedures en modaliteite sal per besoek vereffen word nie.

Fisiese prosedures en modaliteite sal as volg vereffen word:

Hoofprosedure/modaliteit.....100% van gelyste waarde.

Tweede prosedure/modaliteit.....50% van gelyste waarde.

Derde prosedure/modaliteit.....50% van gelyste waarde.

Vierde prosedure/modaliteit.....50% van gelyste waarde.

Die werknemer se toestand moet bepaal watter behandeling gevolg sal word en rekenskap moet gehou word met die doelstellings van die behandeling wat toegepas word.

006 Uncancelled appointments—Appointments not cancelled at least four hours before the relevant appointment time—relevant practitioner's fees shall be payable by the employee.

Ongekanselleerde afsprake—afsprake wat nie ten minste vier ure voor die afspraaktyd gekanselleer word nie—normale afspraaktarief betaalbaar deur die werknemer.

007 **Reports/Verslae:**

Not applicable in respect of injured workmen covered under the Act.

Nie van toepassing ten opsigte van gevalle onder die Wet nie.

008 **Change of chiropractor/medical practitioner (Supersession):**

In the event of a change of chiropractor/medical practitioner attending a case, the first chiropractor/medical practitioner in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. To avoid disputes, chiropractors/medical practitioners should refrain from treating a case already under treatment without first discussing it with the first chiropractor/medical practitioner. As a general rule, changes of chiropractor/medical practitioner are not favored, unless there are sufficient reasons for it.

Verandering van chiropraktisyn/geneesheer (Supersessie):

In die geval van verandering van chiropraktisyn/geneesheer wat 'n geval behandel, sal die chiropraktisyn/geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. Ten einde geskille te voorkom moet die chiropraktisyns/geneeshere hul daarvan weerhou om 'n geval wat reeds onder behandeling is, te behandel sonder om dit eers met die eerste chiropraktisyn/geneesheer te bespreek. Oor die algemeen word veranderings van chiropraktisyn, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

009 **Consultations/Konsultasies:**

No fees may be charged for follow-up consultations within the first *four months* from the date of the first procedure or treatment except as is provided for under item 04002.

Geen fooie mag gehef word vir opvolgkonsultasies binne *vier maande* vanaf die datum van die eerste prosedure of behandeling nie behalwe soos voorsien in item 04002.

CHIROPRACTOR / CHIROPRAKTISYN
Tariff of fees for 2003 / Tariewe vir 2003 2003

1 CONSULTATIONS/KONSULTASIES

04001	Initial consultation — including the taking of a full case history, physical examination and the use of diagnostic equipment permitted by the relevant practitioner's scope of practice, but excluding remedies, immobilisation and manipulation procedures and X-rays. • Eerste konsultasie — sluit in die neem van 'n volledige gesondheidsgeskiedenis, fisiese ondersoek en die gebruik van goedgekeurde diagnostiese apparate. Dit sluit nie enige voorgeskrewe middels, immobilisasie, manipulasies of X-straal-foto's in nie	R 102.60
04002	A subsequent consultation not requiring any treatment. In such an event a final medical report must be issued. • 'n Opvolgkonsultasie wat nie behandeling regverdig nie. Onder sulke omstadighede moet 'n finale geneeskundige verslag uitgereik word	R 50.90

2 MANIPULATIVE PROCEDURES/MANIPULATIEWE PROSEDURES

04003	Spinal manipulation and/or extra spinal joint manipulation • Spinale manipulasie en/of ekstraspinale gewrigsmanipulasie	R 94.10

3 ADJUNCTIVE THERAPY/MODALITEITE

(a) ***SOFT TISSUE MANIPULATION/SAGTEWEEFSEL MANIPULASIE***

04004	Massage—includes effleurage, petrisage, crossfibre friction, lapolment and deep tissue techniques (rolfing) • Massering—sluit streelmassering, weefsel-breiing. kruiswrywing, klopmassering en diep-weefseltegnieke (rolfing) in.	R 61.10
04005	Myofascial pain therapy • Spier en seningvliesterapie	R 61.10

(b) ***DEEP HEATING RADIATION THERAPY/BESTRALINGSTERAPIE***

04006	Short wave diathermy • Kortgolf diatermie	R 34.90
04007	Microwave diathermy • Mikrogolf diatermie	R 34.90
04008	Ultra sound • Ultraklank	R 34.90

(c) ***SUPERFICIAL HEATING THERAPY/VERHITTINGSTERAPIE***

04009	Hydrocullator packs • Vogtige hitte	R 34.90
04010	Infra-red • Infrarooi	R 34.90
04011	Ultra-violet • Ultraviolet	R 34.90
04012	Paraffin bath/Wax Unit • Parafien/Wasbad	R 34.90
04013	Whirlpool/Hubbard tank immersion • Kolkbad/Hubbard-tenkdompeling	R 34.90
04014	Fluidotherapy • Vloeistofterapie	R 34.90
04015	Sitz bath • Sitz-bad	R 34.90

(d) ***NON-HEATING MODALITIES/NIE VERHITTINGSMODALITEITE***

04016	Galvanism, faradism and sine wave • Galvanisme, faradisme, polsende elektro-terapie	R 34.90
04017	Low voltage galvanic lontophroresis • Lae spanningsgalvanistiese lontoforese	R 34.90
04018	Combined ultra sound and electrical stimulation • Gekombineerde ultraklank met elektriese stimulasie	R 34.90
04019	Interferential current • Interferensieterapie	R 34.90
04020	Vacotron • Vacotron	R 34.90
04021	Combined interferenctial and vacotron • Gekombineerde interferensieterapie met vacotron	R 34.90
04022	Vibration therapy • Vibrasieterapie	R 34.90
04023	High voltage pulsed direct current (including under-water application) • Gepolsde hoëspanningstroombaanterapie (sluit onderwater-aanwending in)	R 34.90
04024	Electro-Stim.180 • Elekrtro-Stim.180	R 34.90
04025	T.E.N.S. • T.E.N.S	R 34.90

04026	Micro current modalities • Mikrostroombaan modaliteite	R 34.90
04027	Traction—Mechanical /static /intermittent • Traksie—Meganies /staties /afwisselende.	R 34.90
04028	Laser therapy • Laserterapie	R 34.90

(e) ***COLD APPLICATION/KOUETERAPIE***

04029	Cryomatic • Krioterapie	R 34.90
04030	Cold packs • Yssakkies	R 34.90

(f) ***ACUPUNCTURE/AKUPUNKTUUR***

Not applicable in respect of cases under this Act/Nie van toepassing ten opsigte van gevalle onder die Wet nie.

(g) ***EXERCISE AND REHABILITATION/OEFENING EN REHABILITASIE***

04032	Therapeutic exercises • Terapeutiese oefeninge	R 61.10
04033	Proprioceptive neuromuscular facilitation • Proprioseptiewe neuromuskulêre fasili-tering	R 61.10
04034	Gait training • Staphoudingsterapie	R 61.10
04035	Prosthetic and orthotic training • Prostetiese en ortotiese handleiding	R 61.10

(h) ***IMMOBILISATION—cost + 50%/IMMOBILISASIE—koste + 50%***

04036	Hard and soft immobilisation/casting • Harde en sagte immobilisasie—gietsels	
04037	Supportive strapping, bracing, splinting and tapping • Gording, stutting, spalking en verbinding	
04038	Supportive devices • Stuttoestelle	
04041	Remedies prescribed—e.g. vitamins • Voorgeskrewe middels—bv. Vitamiene	No charge
04042	Remedies prescribed and supplied • Voorgeskrewe middels wat geresepteer word	Cost +35%
04043	Injectables • Inspuitbare middels	Cost + 10%

(k) ***RADIOLOGY/RADIOLOGIE***

04049	Ankle—AP/LAT • Enkel—AP/LAT	R 87.40
04050	Ankle—Complete Study—3 views • Enkel—Volledige studie—3 aansigte	R 130.90
04051	Cervical—AP/LAT • Servikaal—AP/LAT	R 87.40
04052	Cervical—AP/LAT/OBL • Servikaal—AP/LAT/Skuinsaansigte	R 130.90
04053	Cervical study—6 views • Servikaal—6 aansigte	R 261.90
04054	Cervical—Davis Series—7 views • Servikaal—Davis Series—7 aansigte	R 305.40
04055	Elbow—AP/LAT • Elmboog—AP/LAT	R 87.40
04056	Elbow—3 views • Elmboog—3 aansigte	R 130.90
04057	Foot—AP/LAT • Voet—AP/LAT	R 87.40
04058	Foot—3 views • Voet—3 aansigte	R 130.90
04059	Femur—AP/LAT • Dybeen—AP/LAT	R 174.60
04060	Hand—AP/LAT • Hand—AP/LAT	R 87.40
04061	Hand—3 views • Hand—3 aansigte	R 130.90
04062	Hip unilateral—1 view • Heup—1 aansig	R 61.10
04063	Hip—2 views • Heup—2 aansigte	R 122.10
04064	Knee—AP/LAT • Knie—AP/LAT	R 87.40
04065	Knee—3 views • Knie—3 aansigte	R 130.90
04066	Lumbo-Sacral—3 views • Lumbo-Sakraal—3 aansigte	R 209.50
04067	Lumbar spine and pelvis—5 views • Lumbale werwels plus pelvis—5 aansigte	R 314.10
04068	Pelvis AP • Pelvis AP	R 87.40
04069	Pelvis—3 views • Pelvis—3 aansigte	R 192.00
04070	Ribs—Unilateral—2 views • Ribbes—Unilateraal—2 aansigte	R 104.70
04071	Ribs—Bilateral—3 views • Ribbes—Bilateraal—3 aansigte	R 157.00

04072	Radius/Ulna • Radius/Ulna	R 87.40
04073	Spine—Full spine study—AP/LAT • Werwelkolom—hele werwelkolom plus pelvis	R 314.10
04074	Spine—8 X 10—Single study • Spinaal—8 X 10—Enkele aansig	R 43.50
04075	Spine—10 X 12—Single study • Spinaal—10 X 12—Enkele studie	R 52.40
04076	Spine—14 X 17—Single study • Spinaal—14 X 17—Enkele studie	R 87.40
04077	Shoulder—1 view • Skouer—1 aansig	R 52.40
04078	Shoulder—2 views • Skouer—2 aansigte	R 104.70
04079	Thoraco—Lumbar—AP/LAT • Torako—Lumbaal—AP/LAT	R 174.60
04080	Thoracic—AP/LAT Torakaal—AP/LAT	R 174.60
04081	Tibia/Fibula—AP/LAT • Tibia/Fibula—AP/LAT	R 174.60
04082	Wrist—AP/LAT • Gewrig—AP/LAT	R 87.40
04083	Wrist—3 views • Gewrig—3 aansigte	R 130.90
04084	Stress views—Lumbar • Spanningsopnames—Lumbaal	R 109.50

CLAIM NUMBER:.....

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

(Previously Workmen's Compensation Act, 1941)

[Section 74(2) - Commissioner's Rules, Forms and Particulars - Annexure 20(1)]

***FINAL/PROGRESS MEDICAL REPORT i.r.o AN ACCIDENT**

(*Delete which is not applicable)

Surname of Employee:.....

First Names:.....

Address:.....

(BLOCK LETTERS)

Name of Employer:.....

Address:.....

Date of Accident:.....

1. Describe any operation(s)/Procedure(s)/Test(s) carried out and date(s):

.....

.....

.....

.....

2. Prognosis and further treatment:.....

.....

.....

.....

.....

3. (a) From what date has the employee been fit for his or her normal work?.....

or

(b) On what date is he likely to be fit for his normal work?.....

4. Has the employee's condition been stabilised?.....

If so, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident: (Loss of movement, if any, must be indicated in degrees at each specific joint.)

.....

.....

.....

I certify that I have by examination, satisfied myself that the injury(ies)/condition of the employess is the result of the accident as described above.

Date (Important): .....

Name (printed): .....

Practice Number: .....

Address: .....

Signature of Medical Practitioner/Chiropractor

N.B. Progress reports must be submitted on a monthly basis to the Compensation Commissioner or Mutual Association or employer individually liable as the case may be until the employee's condition has become stabilised when a final report should be submitted.

W.CL 5

CLAIM NUMBER:.....

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

(Previously Workmen's Compensation Act, 1941)

[Section 74(2) - Commissioner's Rules, Forms and Particulars - Annexure 20(1)]

***FIRST MEDICAL REPORT i.r.o AN ACCIDENT**

(*Delete which is not applicable)

Surname of Employee:.....

First Names:.....

Address:..... Postal Code:.....

Name of Employer:.....

Address:..... Postal Code:.....

1. Date of Accident:.....
2. Date of your first consultation:.....
3. How did the alleged accident happen?.....
4. Full clinical description of injury(ies) (not symptoms, signs or syndromes):.....

.....

.....

.....

5. Describe briefly any pre-existing defect or disease:.....

.....

.....

6. X-Rays: Date:..... By whom:.....
   (Attach report if available)
7. Surgical Operations or Reduction: Date:..... By whom:.....
   Brief description:.....

.....

.....

.....

8. Aneasthetics: General:..... Duration:..... Local:..... By whom:.....
9. (a) Consultation Yes\No..... With whom:..... Date:.....
   (b) Did you order physiotherapy? Yes\No..... Physiotherapist:.....
10 (a) Is employee unfit for work? Yes\No.....
   (b) Possible date fit for: Light duty:..... Normal Duty:.....

I certify that I have by examination, satisfied myself that the injury(ies) of the employee is the result of the accident as described above.

.....
Signature of Medical Practitioner/Chiropractor

Date (Important):.....

Name (Printed):.....

Practice number:.....

Address:.....

.....

N.B: This report must be handed to the injured employee or sent to the employer within 14 days from the date of the first consultation.

W.CL 4 ab/masters