DEPARTMENT OF HEALTH

GUIDELINES FOR THE APPLICATION TO PLAN, ERECT AND OPERATE A PRIVATE HEALTH CARE FACILITY

1. An application form (Annexure A) shall be obtained from Limpopo Department of Health.
2. The application form must be completed in full and any additional information may be submitted in the form of an addendum.
3. A fully completed and signed application form shall be returned to the Head of Department of Health (Limpopo Province) accompanied by a copy of proof of a non-refundable payment of R5000 (see banking details on Annexure D).
4. On successful evaluation of the application the applicant is expected to submit all required information/ documentations as stipulated in the permission to erect letter to the Head of Department.
5. Upon approval of the plans by all relevant authorities, permission shall be granted to the applicant to start erecting the facility.
6. The applicant will be required to submit six (6) monthly progress reports on the project for planning, erecting and operating a Private Health Care facility.
7. The permission to plan, erect and operate a health facility is not transferable in terms of section 7(3) of Regulation 158 of 1980 as amended and changes of site; name etc. shall be approved by the head of Department.
8. The erected structure shall be inspected by the inspection team of the Limpopo Department of Health to ensure that health standards (in terms of regulation 158 as amended) and the National Building Regulation are met.
9. On successful inspection of the facility a registration fee of R5000 shall be paid to the department by the applicant before a license to operate (Certificate of registration) is issued.
10. The certificate of registration (operating license) is valid for a period of twelve (12) months, from 1 January to 31st December each year.

11. The certificate of registration issued in terms of regulation 14(1) shall be effective from the date of issue up to and including the next succeeding 31st day of December, when it shall lapse.
12. The Department of health reserves the right to visit the facility at any reasonable time of the day without prior notice, to monitor and inspect the level of service rendered and ensure compliance with relevant prescripts of the regulations.
13. The proprietor is expected to submit to the Head of Department of Health Inpatient Bed utilization Rate (IBUR) and disease profile on quarterly basis.
14. Application for renewal of registration certificate shall be done to the Head of Department of Health by the proprietor not less than 90 days before the date on which a certificate of registration expires (refer to Annexure C of regulation)
15. The application shall be accompanied by a proof of payment of inspection fee charged as indicated on Annexure D.
16. In the case where a facility has failed to meet the prescribed requirements during inspection and a re-inspection has to be conducted, the proprietor shall send quality improvement plan to the Head of Department within 30 days of the inspection and shall pay the travelling cost at R10 per kilometer and an inspection fee for the unit inspected before conducting a re-inspection.
17. On receipt of quality improvement plan and proof of payment of travelling costs and the inspection fee the inspection team shall conduct a re-inspection.
18. A certificate of registration may at any time be cancelled by the Head of Department if the facility fails to comply with any conditions and requirements as stipulated in regulation 158 of 1980 as amended.
19. The proprietor shall receive notice in writing from the Head of Department an indication that the certificate of registration is cancelled and the facility must be closed down on or before a date specified in such a notice.

FEES STRUCTURE

No	ITEMS	AMOUNT
1	Application fee • Application form • Administrative processes • Approval of building plans • Initial assessment for patient occupation	R5000
2	Registration certificate	R5000
3	Annual renewal of registration certificate	R5000
4	Total fee	R15000
4.	Travel costs	R10 per kilometer

ADDITIONAL TARIFFS APPLICABLE FOR AANUAL INSPECTION FOR RENEWAL

No	ITEMS	AMOUNT
1.	Per bed	R200
2.	Per procedure room	R700
3.	Per obstetric delivery room	R700
4.	Per minor Theatre	R700
5.	Per major Theatre	R1000
6.	Per resuscitation bed	230
7.	Per endoscopy suit	R700
8.	Per procedure room Angiography	R700

Banking details

Name of Bank	: ABSA
Account Name	: LPG HEALTH
Account No	: 40-9435-1908
Branch clearing code	: 632005
Account Type	: Current/ Cheque

Approved

05/12/2019

Dr NN Ndwamato **Date**

Chairperson: Adjudication Committee for licensing Private Health Care Facilities