

Office of the West Bengal Clinical Establishment Regulatory Commission

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**Case Reference: INT/NPG/2024/003**

Mr. Avijit Halder ..... Complainants

vs

Bongaon Nursing Home, Bongaon.....Respondent/ Respondents

**ORDER SHEET**

Office Note	Order No.	Date	Order
	1.	29/01/2024	<p>The complaint would relate to billing.</p> <p>The Commission received the complaint through mail dated December 8, 2023. We immediately tried to contact the nursing home at their recorded phone numbers. Despite repeated attempts, we could not establish contact. We had to approach CMOH, 24 Pgs North and with his interference we received a reply through mail from the CE.</p> <p>The conduct of the CE is deplorable. We caution them, in future, if they would behave in the same fashion we would be constrained to direct the licensing authority to take appropriate steps.</p>

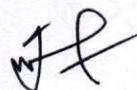
The complainant is present online. According to him, he contacted the concerned Orthopaedic Surgeon for orthopaedic intervention of his father. The surgeon gave an estimate of Rs. 18,000/- as exhaustive package and advised the patient to get admission at the concerned CE.

Since he had mediclaim the patient got admitted under mediclaim policy.

The CE billed the patient for Rs. 54,728/- whereas TPA sanctioned Rs.43,519/- and directed co-payment of Rs. 4,836/-.

The complainant would contend, he is not liable to make co-payment of Rs. 4,836/- as the concerned doctor suggested an estimated exhaustive package of Rs 18,000/- whereas nursing home realised Rs. 43,519/- which is more than the double of the estimate. Hence, the hospital should be satisfied with the payment received from the insurance company.

We do not wish to interfere in this regard as it would be completely an issue between the insurer, insured and



the hospital. The parties would be at liberty to take appropriate steps in accordance with law.

The complainant would also contend, at the time of discharge he was not given any paper including prescription, discharge summary that the complainant would require for making further claim for reimbursement from the insurance company.

When a patient was admitted for treatment and got discharged after treatment he is entitled to all medical records and the nursing home is liable to furnish the documents to the patient.

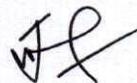
The nursing home would submit, they are supposed to give original to the insurance company.

In case, they have done so they must generate additional copy for the patient and furnish it to him by tomorrow.

The complaint is disposed of.

Sd/-

The Hon'ble Chairperson



			<p>Sd/- Prof. (Dr.) Makhan Lal Saha – Member</p> <p>Sd/- Sri. Sutirtha Bhattacharya, IAS (Retd)- Member</p> <p>Sd/- Dr.Maitrayee Banerjee – Member</p> <p>Sd/- Smt Madhabi Das – Member</p> <p><i>Authenticated</i> <i>[Signature]</i></p> <p>Secretary West Bengal Clinical Establishment Regulatory Commission</p>
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