

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: INT/KOL/2024/089

Mr. Dheeraj Kurma Sharma Complainant

vs

Fortis Hospital.....Respondent/ Respondents

ORDER SHEET

Office Note	Order No.	Date	Order
	1.	12/04/2024	<p>This complaint would arise out of a peculiar circumstance when a patient approached the Emergency with severe back pain and was advised admission. Since he was covered by a Mediclaim Policy she was admitted as an insurance patient. The hospital applied for pre-authorization, as claimed by them.</p> <p>The patient was admitted on March 6, 2024 and was discharged on March 9, 2024. The discharge summery provides as under:-</p>

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“ Patient was evaluated clinically as well as with relevant investigations. Her blood reports showed low level of Vit D3. Her USG abdomen showed Left Ovarian Cyst with Thickened urinary bladder wall. CECT whole abdomen was also done- Report awaited. MRI L/S Spine done which was suggestive of B/L Sacroiliitis. Auto immune markers were sent(Report awaited). Patient was treated conservatively and now she is being discharged with following advice”.

At the time of discharge, the CE uploaded the claim that was denied by the TPA. The CE compelled the patient to pay the entire bill amount hence, the claim.

We have heard the complainant. We have also heard the Medical Superintendent as well as Dr Bapi Singh on behalf of the CE, who looks

after the insurance cases.

From the extract of the discharge summary quoted above, it would clearly appear, during admission patient was evaluated clinically. Various tests were done. CECT- whole abdomen, was done and report awaited. Patient was treated conservatively, and was discharged with advice on medication.

Pertinent to note, for three days admission the total bill was Rs. 1,20,209.77/- however, the major part of it would relate to investigation to the extent of Rs. 93,316/-. According to the TPA, ***“Hospitalization for evaluation and observation purposes. No active line of treatment hence, claim repudiated”***.

The patient had a policy that would deserve

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him cashless facility at the CE. Right at the admission stage he submitted his insurance papers.

Two options were available to the CE; either they could wait for pre-authorization to come or admit the patient provisionally as a cash patient by explaining the situation to the patient and/or the patient family. The CE has not opted for either of the options. The patient in good faith took admission relying on the CE hoping that he would be getting cashless facility.

The discharge summary does not speak about any positive treatment at the CE for which they could claim Rs. 1.20 lakhs in three days admission.

Dr. Bapi Singh, in his usual fairness, would





concede, for evaluation or advise, the patient can not get any benefit form the insurance policy.

We direct refund of Rs. 1,00,000/- by the CE to the complainant on the undertaking of the complainant that he would co-operate with the CE so that they could jointly apply before the Ombudsman Insurance for reimbursement of the bill.

CE would be bound by the final decision in the matter.

In case they failed to succeed before the Ombudsman Insurance they would have to be happy with the remaining amount being Rs. 20,209.77/- as the Emergency treatment cost that the patient got for those three days.

We direct the claimant to share his bank



details as also send a letter of indemnity to the CE to the effect that he would be cooperating with the CE to fight out the insurance case before the Ombudsman jointly for reimbursement.

Sd/-

The Hon'ble Chairperson

Sd/-

Prof. (Dr.) Sukumar Mukherjee – Member

Sd/-

Prof. (Dr.) Makhan Lal Saha – Member

Sd/-

Smt Madhabi Das – Member

Authenticated
[Signature]

Secretary
West Bengal Clinical Establishment
Regulatory Commission

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