

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: INT/ASSAM/2022/013

Ms. Anwsha Dutta..... **Complainant**

vs

Medica Hospital..... **Respondent/ Respondents**

ORDER SHEET

Office Note	Order No.	Date	Order
	1.	24/01/2022	<p>This patient was admitted having CROHN'S disease with small gut perforation and gangrene with septic peritonitis. The patient died after post surgical complication.</p> <p>The complainant, being the daughter of the unfortunate patient, would question the treatment protocol that would be outside the domain of the Commission. We permit the complainant to approach the West Bengal Medical Council to make her grievance.</p> <p>In case the complainant would succeed therein she would be at liberty to approach us again for appropriate relief against the CE. Such liberty is given in view of her definite assertion that they came from Assam and did not</p>

personally know the doctors who were delegated by the CE to the patient.

Although the complainant did not raise any specific issue as to billing our conscience would prick if we shut our eyes on the issue particularly when we find, there had been blatant violation of our Advisories issued from time to time.

We have perused the bill. We would find, there are serious anomalies.

The investigation costs are so high and would have no resemblance with the tariff already fixed by the Commission.

The medicine and consumable have not been discounted as per our Advisories.

There are two other anomalies that Mr. Dashora would assure us he would consult the appropriate authorities and would take care of the same.

For last three days, the patient was charged at the

ICU rate although she was shown being treated at HDU that would have a lesser cost. Moreover, the routine procedure in ICU was separately charged that should not have been there. Mr. Dashora would contend, the cost of such procedure should be separately taken care of. We make it clear, procedural charges shown in the bill must exclude the doctors charges as we feel that should be an in-built component with the ICU charges.

Mr. Dashora would defend his bill by saying, since it is covered by TPA they are entitled to bill as per the TPA rates.

Times without number, we have made it clear, our Advisories would not be applicable in case of TPA. However, if a part of the bill is paid by the patient party to that extent the patient must be considered as a cash patient and our Advisories would be squarely applicable.

In short, we make it clear, if a patient is billed for Rs. 100/- and Rs. 30/- is approved by the TPA our

Advisories must be followed on the entire hundred rupee bill and seventy percent of the differential amount should be passed on to the patient as benefit of such Advisories.

In the past, we repeatedly cautioned this particular CE as also other CEs on the issue. However, they are yet to update their system. It is high time when we give an ultimatum to the CEs including the present one.

The Chairman of the present CE must file an affidavit with the Commission giving an undertaking, they would be updating the system within a period of one month from date so that this type of anomaly would not occur in future and we are not faced with any such bill that would have blatant violation of our Advisories.

Coming back to the present case, we give fortnight time to the CE to revise their bill, if not possible through computer, manually, by giving benefit of the Advisories in its true letters and spirit and having regard to the observations made by us in the foregoing judgment of

order.

The CE must also file a report of compliance along with a revised bill within one week from the date of compliance.

The complaint is disposed of accordingly.

Sd/-

The Hon'ble Chairperson

Sd/-

Prof. (Dr.) Sukumar Mukherjee – Member

Sd/-

Prof. (Dr.) Madhusudan Banerjee – Member

Sd/-

Dr. Maitrayee Banerjee – Member

Sd/-

Smt Madhabi Das – Member

Authenticated
WZ

ARSHAD HASAN WARSI
Secretary
W. B. C. E. R. C.