

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: INT/KOL/2022/138

Ms. Payel Dutta..... Complainant

vs

AMRI Hospital, Dhakuria..... Respondent/ Respondents

ORDER SHEET

Office Note	Order No.	Date	Order
	1.	01/08/2022	<p>This complaint would relate to a complex situation in a case of WBHS billing.</p> <p>Before we go into the complaint in hand, let us briefly discuss the scheme. The West Bengal Government has introduced the scheme to extend medical benefit to its employees at private health institutions of the country. Many institutions are listed with the government where the employees would get a cashless facility initially upto Rs. 1,00,000/- that has now been extended to Rs. 1,50,000/-. The patient covered under the scheme, is entitled to have treatment at any of the listed private hospitals where they would get treatment with cashless facility as stated above and in case the</p>



billing amount would exceed the limit they would be at liberty to apply for extension of the benefit of the cashless facility or continue with the treatment as a cash patient under the scheme and after discharge they would get reimbursement for the additional amount from the Government being their employer.

So far as the CE is concerned, they would be obliged to bill the treatment at the prescribed rate under the scheme in the manner stipulated therein and submit the bill after discharge of the patient to the Government for appropriate reimbursement of the cost of the treatment giving credit to the amount that they have realised from the patient and / or the patient family. After receipt of the bill by the concerned department the concerned department would ultimately approve the treatment cost and reimburse the amount to the CE so far they are entitled as well as to the concerned employee the part of the amount that they had to pay at the time of discharge to the CE.

In short, in a case of the like nature there should be

three tier decisions that would be needed at our end.

We have to do the settlement thrice. The first one would be the account settlement between the CE and the Government. The second one would be the account settlement between the employer and the employee and the ultimate one would be the final settlement between the patient and / or the patient family and the CE. keeping it in mind, let us now decide on the case in hand before us.

The patient Mrs. Pratima Dutta covered by the scheme through her husband Shri Provat Kumar Dutta a Government Employee, was admitted at the CE. She unfortunately expired at the CE while getting treatment. The CE billed a sum of Rs. 2,58,803/- for the treatment. The complainant, being the daughter of the patient, paid a sum of Rs. 1,58,803/- after availing the cashless benefit of Rs. 1,00,000/-.

She has come before us with a complaint of overbilling on consumable that would principally be the



responsibility of the patient and / or the patient family under the scheme.

We sent a mail to the complainant asking for the approval memo on settlement of her claim by the Government. Accordingly, she submitted cashless admissible reimbursement certificate issued by the appropriate authority wherefrom we find that the authority admitted Rs. 65,586/- as the claim of the CE and allowed withdrawal by the concerned employee and / or the beneficiary under the scheme for Rs. 1,38,723/-.

We requested Mr. Tarak Mondal, the concerned authority who deals with the bills of the employee under the scheme on behalf of the Government.

Mr. Mondal has submitted us two documents; one being the case study and the other being the breakup of the rejection memo that we have already furnished both to the complainant as well as the CE so that they could have the details of the amount admissible under the scheme as well as the amounts that have been rejected by



the authority.

Today, at the hearing, CE has expressed satisfaction. The complainant is also satisfied subject to the covid test cost.

The confusion has arisen in view of the response that the CE has given on covid test, has not reached the complainant. Dr. Bagchi would assure, he would send it again to the complainant.

In our view, the confusion that has arisen in the mind of the complainant, is misconceived as the amount collected from the complainant on account of the covid test was with regard to the CB NAAT charges that the Commission has already fixed. Whether the test would be done under CB NAAT or True NAAT or RTPCR would depend upon the decision of the treating doctor. CE has no hand in it. We hope, we have clarified the issue on that score.

The third settlement as referred to above, would be between the CE and the complainant. From the case

study, it appears that a sum of Rs. 35,000/- an odd was disallowed by the Government as those were found to be in violation of the scheme. While deciding so the authority also determined the liability of the patient and / or the patient family that would amount to Rs. 20,080/-. So at the end of the day, the relationship between the CE and the patient would be cash patient for the said amount Rs. 20,080/-. In terms of our Advisory Number 14 any cash patient getting treatment as in-house patient, is entitled to discount on medicine at the rate of 10% and consumable at the rate of 20%. On that score, a sum of Rs. 376/- and Rs. 3,262/- respectively have been found due and payable.

Dr. Bagchi would assure, the aggregate amount Rs. 3,638/- would be paid to the complainant through bank transfer.

We direct the complainant to share her bank details with the CE so that money could be transferred directly to her account.

Before we part with, we express our sincere gratitude to Mr. Tarak Mondal, who has, despite his busy schedule, attended today's hearing to assist us to have a complete solution of the problem.

The complaint is disposed of.

Sd/-

The Hon'ble Chairperson

Sd/-

Prof. (Dr.) Sukumar Mukherjee – Member

Sd/-

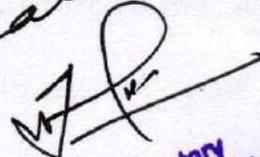
Prof. (Dr.) Makhan Lal Saha – Member

Sd/-

Dr. Maitrayee Banerjee – Member

Sd/-

Smt Madhabi Das – Member

Authenticated


Secretary
West Bengal Clinical Establishment
Regulatory Commission