

Treat-now-pay-later scheme for patients in need

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Trader Nazimuddin Sheikh remembers feeling utterly helpless on hearing that his mother Nazimulnessa Bibi's hospital bill had shot up from an estimated Rs 1 lakh to Rs 2.5 lakh following post-operative complications of brain tumour surgery.

Unable to arrange the extra Rs 1.5 lakh at short notice, he approached the hospital authorities to bail him out. The solution was a scheme that may be as old as mortgage

but is touted to be a first for a healthcare institute in the city — treat now, pay later.

"Medica Superspecialty Hospital (off the EM Bypass) took five post-dated cheques from me after the necessary verifications and I was able to take my mother home by paying less than 50 per cent of the total bill," Nazimuddin, a 30-year-old trader from Usthi in South 24 Parganas, told Metro.

Alok Roy, the chairman and managing director of Medica, said EMIs were being "selectively" offered to pa-

tients "under emergency conditions", though questions remain about how the hospital intends coping with possible delinquency.

"We have introduced this scheme specifically for patients facing a genuine fund crunch. Generally, such patients seek a discount. We offer them the opportunity to pay in instalments, which suits the hospital as well as the patients," he said.

So does this mean medical EMIs are here to stay? P. Tondon, the president of the Asso-

ciation of Hospitals of Eastern India, said an instalment scheme for medical treatment might be a boon for patients but not necessarily easy for hospitals to manage.

"It will of course be of great help to patients but how far it will be viable for hospitals remains to be seen. In the event of people defaulting on repayment, hospitals will need to spend a lot on litigation," explained Tondon.

Delayed payments would also mean liabilities, an increase in working capital and

difficulties in meeting daily expenditure.

According to sources, 30 per cent of the patients who undergo treatment at private institutes in the city are covered by medical insurance. The remaining 70 per cent pay the bill upfront, said an official.

Officials of various city hospitals claimed they had tried the EMI option and suffered losses. "When families of patients say they don't have the money to clear the full bill before discharge, we do draw up an instalment scheme for

them. But we lose between Rs 1 crore and Rs 1.5 crore annually because of default," said S.K. Todi, the director of AMRI Hospitals.

Surgeon Kunal Sarkar, the vice-president of RN Tagore International Institute of Cardiac Sciences, said hospitals offering EMI schemes to patients meant the failure of medical insurance.

"This gives a negative impression about the state of healthcare in Bengal. It also indicates insufficient penetration of the medical insurance

sector," said Sarkar.

At Medica, a team has been formed specifically to evaluate requests for the EMI scheme. "They sit down with the patients' relatives and work out a payment plan after being satisfied about the genuineness of the request and financial credentials," said an official.

The hospital has also launched a Medica Air Evacuation and Consulting Service with a Cessna SkyHawk at its disposal to ferry patients from places across the eastern region.