

**NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION  
NEW DELHI**

**REVISION PETITION NO. 1653 OF 2016**

(Against the Order dated 04/02/2016 in Appeal No. 181/2015 of the State Commission  
Chhattisgarh)

1. MANAGING DIRECTOR, APOLLO B.S.R. HOSPITAL  
JUNWANI ROAD, SMRITI NAGAR, BHILAI TEHSIL &  
DISTRICT-DURG  
CHHATTISGARH

.....Petitioner(s)

Versus

1. BISHAN LAL  
S/O SHRI RURUHA, R/O ACHARYA VINOBA NAGAR,  
DEVBALODA TEHSIL PATAN,  
DISTRICT-DURG  
CHHATTISGARH

.....Respondent(s)

**BEFORE:**

**HON'BLE DR. INDER JIT SINGH, PRESIDING MEMBER**

FOR THE PETITIONER : MR. VAIBHAV AGNIHOTRI, ADVOCATE

MR. GANDHARV GARG, ADVOCATE

FOR THE RESPONDENT : MR. MR. B.S.SHARMA AND MS. D.ARORA,  
ADVOCATES

**Dated : 12 October 2023**

**ORDER**

1. The present Revision Petition (RP) has been filed by the Petitioner against Respondent as detailed above, under section 21(b) of Consumer Protection Act 1986, against the order dated 04.02.2016 of the State Consumer Disputes Redressal Commission, Chattisgarh, (hereinafter referred to as the 'State Commission'), in First Appeal (FA) No.181/2015 in which order dated 11.03.2015 of District Consumer Disputes Redressal Forum, Durg (hereinafter referred to as District Forum) in Consumer Complaint (CC) no. 46/2011 was challenged, inter alia praying to admit the present petition and set aside the State Commission and District Forum's orders.

2. While the Revision Petitioner (hereinafter also referred to as OP) was Appellant and the Respondent (hereinafter also referred to as complainant) was Respondent in the said FA/181/2015 before the State Commission, the Revision Petitioner was OP and Respondent was complainant before the District Commission in the CC 46/2011

3. Notice was issued to the Respondent on 27.07.2016. Parties filed Written Arguments/Synopsis on 25.01.2023 (OP/Petitioner) and 24.08.2023 (Complainant/Respondent) respectively.

4. Brief facts of the case, as emerged from the RP, Order of the State Commission, Order of the District Commission and other case records are that: -

On 17.06.2010, the Complainant/Respondent admitted his wife, Ramsheela Bai, to Krishna Nursing Home in Bhilai due to her illness. The doctors at this facility diagnosed her with a heart-related issue and recommended treatment at OP's hospital. On the same day, the complainant admitted his wife to OP's hospital and paid an initial deposit of Rs. 20,000/-. Initially, the doctor estimated the treatment cost at Rs. 85,000/- to which the complainant agreed. However, the next day, Dr. Dilip Ratnani allegedly demanded Rs. 2,00,000/- leaving the complainant bewildered. When questioned about this sudden increase, Dr. Ratnani insisted on immediate payment, claiming it was crucial for his wife's health. On 19.06.2010, the complainant paid the requested amount. His wife was placed in the ICU, and the complainant could only observe her from a distance. Allegedly he was not kept informed about her true condition. Until 20.06.2010, the doctor and staff assured him that her health was improving. However, on 21.06.2010, he received the devastating news of her sudden death. The hospital then informed him that the total expenses amounted to Rs. 2,94,260/- and they would only release her body upon the payment of the remaining Rs. 74,260/-. After much pleading, the complainant managed to retrieve his wife's body by depositing Rs. 50,000/-. When he requested a detailed breakdown of the expenses and information about the treatment provided, the hospital failed to provide any documents or explanations. This lack of transparency, coupled with the significant fees, led the complainant to believe that he had been taken advantage of due to his simplicity, constituting a deficiency in service and professional misconduct. The complaint also alleges that OP exploited the complainant's vulnerability and lack of knowledge, charging Rs. 85,000/- for a package deal and an additional Rs. 2,09,260/- for various services and treatments through misleading and deceptive means, thereby violating service terms.

5. Vide Order dated 11.03.2015, in the CC 46/2011 of the District Forum has allowed the complaint and directed OP to pay Rs. 2,70,000/- with interest @ 12% p.a. and Rs. 20,000/ for mental compensation to complainant.

6. Aggrieved by the said Order dated of District Forum, Petitioner/OP appealed in State Commission and the State Commission vide order dated 04.02.2016 in FA No.181/2015 has dismissed the appeal and upheld the District Forum's order.

7. Petitioner has challenged the said Order dated 04.02.2016 of the State Commission mainly on following grounds:

(i) The order by the State Commission is based on incorrect premises, alleging that the OP held the complainant's wife's dead body for six hours and demanded additional payment. The OP never made such a statement, and, in reality, the dead body was released to the complainant when requested, without any unauthorized extra charges. The State Commission made an error by assuming and drawing adverse conclusions against the OP based on the timing of the Final Bill (10:14 AM) and Final Receipt (4:22 PM), alleging a six-hour delay in releasing the dead body. In reality, the complainant's body was handed over promptly when requested.

(ii) The fact that the complainant failed to provide sufficient evidence to support the claim that the OP withheld the wife of the Complainant's dead body, especially when the OP explicitly denied making such a statement. The "complainant alleged that Dr. Dilip Ratnani and the hospital's staff insisted on depositing the balance amount before releasing the dead body," when the complaint did not contain specific details regarding who requested the complainant to pay the balance amount and linked it to the release of the dead body.

(iii) The State Commission made an error in claiming that the OP increased the bill with the intention of gaining unfair profits. In reality, the complainant's wife was diagnosed with Extensive ST elevation myocardial infarction with Q RBB pattern with cardiogenic shock and LVEF 30%. In such critical circumstances, the primary angioplasty and IABP were necessary and were promptly provided by highly experienced doctors using advanced technology. This is the standard of care in heart attack cases, where immediate treatment is prioritized over financial concerns.

(iv) The State Commission failed to recognize that during the primary angioplasty, when the LAD was 100% blocked, the clot was removed with an Export Thrombus extraction catheter. In such cases, technically, Direct Stenting is the most reasonable method, as it avoids complicating the process with Balloon Dilation. Additionally, during primary PICA, when the patient's Blood Pressure is low, IABP is the standard treatment given to ensure the patient's well-being.

(v) The State Commission failed to acknowledge that Rs. 85,000/- (Rupees Eighty-Five Thousand only) was spent solely on the Angioplasty process, which is considered high-risk and cardiac-related. The details of the remaining expenditures were regularly communicated to the complainant. The State Commission failed to take into account

that the complainant's wife was kept in the ICU for a period of 3.5 days, and the Respondent was regularly informed about her critical illness and condition.

8. Heard counsels of both sides. Contentions/pleas of the parties, on various issues raised in the RP, Written Arguments, and Oral Arguments advanced during the hearing, are summed up below.

(i) The counsel for petitioner/OP argues that the patient suffered from a severe heart condition, specifically, Extensive ST elevation myocardial infarction with Q RBB pattern and cardiogenic shock with LVEF 30%. Given the critical nature of her condition, the primary angioplasty and IABP treatment administered were in line with standard medical procedures. In such cases, primary angioplasty and IABP are considered the standard of care, and these procedures were followed promptly to provide the patient with the best possible chance of recovery. Furthermore, during primary angioplasty, it is standard practice to remove clots with an export Thrombus extraction catheter and direct stenting is often the most reasonable method, avoiding unnecessary complications like Balloon Dilation. In cases of primary PTCA (Percutaneous Transluminal Coronary Angioplasty), when blood pressure is low, IABP is a standard treatment to provide circulatory support to the patient. These medical practices were followed and it is essential to recognize that the medical team acted in accordance with established protocols.

(ii) Counsel further argues that in terms of the evidence, it is essential to reiterate that the burden of proof in cases of medical negligence rests on the party alleging negligence, which, in this case, is the Complainant/Respondent. The approach taken by District Forum in its impugned order appears to be contrary to established legal principles, as it accepted the Complainant's claims without sufficient evidence and did not adequately consider the medical procedures and records presented by the OP. It is important to emphasize that the medical team have followed standard protocols and provided the necessary treatment to the patient, given her critical condition.

(iii) The counsel argues that the complainant did not provide any concrete evidence to support their case of negligence before the District Forum. The District forum seems to have accepted their case solely based on the statements made by the Complainant without the support of any medical literature or expert opinion. Additionally, the Forum did not refer to any medical expert's opinion or medical literature in its judgment. Regarding the allegation that the OP withheld the dead body of the patient for monetary reasons, the State Commission made a conclusion based on the timing mentioned in the documents. However, it is crucial to note that differing times on documents do not automatically imply coercion for payment. The absence of criminal

proceedings initiated by the Complainant against the OP also raises doubts about the veracity of this claim. Furthermore, it is pointed out that hospitals have no incentive to withhold a dead body, as it occupies valuable space that could be used for other patients.

(iv) The State commission's reliance on the affidavits submitted by the Complainant and its refusal to accept the affidavit submitted by the OP on technical grounds is noteworthy. The counsel asserts that the State Commission accepted the Complainant's version of events without adequate evidence and seemed to have accepted the Complainant's averments at face value without requiring substantial evidence to support their claims against the OP.

(v) The counsel for OP relies on several judgements;-

(a) In **Poonam Sharma & Ors. v. State of J&K & Ors.** (OWP No. 214/2015, decided on 26.12.2022), it has been observed that

*“16. .... only experts can certify whether there was any negligence on part of the doctor or not.....”*

(b) In **Jacob Mathew v. State Of Punjab & Anr.** (2005) 6 SCC1

*“(2) Negligence in the context of medical profession necessarily calls for a treatment with a difference. To infer rashness or negligence on the part of a professional, in particular a doctor, additional considerations apply. ...A case of occupational negligence is different from one of professional negligence. A simple lack of care, an error of judgment or an accident, is not proof of negligence on the part of a medical professional. ....were taken which the ordinary experience of men has found to be sufficient; a failure to use special or extraordinary precautions which might have prevented the particular happening cannot be the standard for judging the alleged negligence. ....”*

(c) In **Dr. S.K. Jhunjhunwala v. Mrs. Dhanwanti Kaur** (2019) 2 SCC 282

*“41. In our opinion, no medical evidence of any expert was adduced by respondent No.1 to prove any specific kind of negligence on the part .....*

*42. In our opinion, there has to be a direct nexus with these two factors to sue a doctor for his negligence. Suffering of ailment by the patient after surgery.....”*

(d) In **Chanda Rani Akhouri & Ors. v. M. A. Methusethupati & Ors.**  
2022 SCC OnLine SC 481

*“27. It clearly emerges from the exposition of law that a medical practitioner is not to be held liable simply because things went wrong from mischance or misadventure .....*

*28. The term “negligence” has no defined boundaries and if any medical negligence is there, whether it is pre or post-operative medical care or in the follow-up care.....”*

(vi) The counsel for Respondent/complainant argues that the State Commission rightly observed that the hospital withheld the release of the body for six hours, waiting for the remaining payment from the complainant. This delay, as pointed out in the case **Devesh Singh Chauhan v. State & Ors.** 2017 SCC OnLine Del 8130 by the Hon'ble Delhi High Court, *“Merely because the dues of the hospital treating the patient are outstanding that certainly cannot be a reason to withhold the release of the patient, particularly when the next of kin of the patient is desirous of removing the patient at their own responsibility”*. This legal precedent highlights that outstanding dues should not be a reason to withhold the release of a patient, especially when the patient's family is willing to take responsibility for their removal.

(vii) Furthermore, the State Commission correctly observed that the OP-hospital increased the bill by adding incorrect and excessive amounts, with the intention of earning unfair profit. This indicates that the OP used improper methods for recovering these amounts. Consequently, the State Commission concluded that there was a deficiency in service and maltreatment towards the complainant.

9. A perusal of order of State Commission shows that Petitioner herein was found guilty of deficiency in service on account of delay in release of dead body for 6 hours due to non-payment of balance amount by the complainant/respondent, hence the appeal of petitioner herein was dismissed and order of District Forum was upheld. Relevant paras of State Commission's order are reproduced below.

*" The complainant/respondent has leveled this allegation on Dr. Dilip Ratnani and Hospital's staff that the dead body of the his wife will be provided only after depositing the balance amount, the only person can do the rebuttal of this plea, from whom it was alleged to be stated. In the rebuttal of the above fact the affidavit of M.K. Khanduja is not acceptable. Therefore, on the basis of the affidavit and document the conclusion is given that the non-applicant/appellant hospital has stopped the dead body for 6 hours for the recovery of balance due amount of bill by adopting unjust and illegal manner, whereas immediately after the death the dead body should be provided to the complainant/respondent for funeral. But the complainant/respondent who was saddened by the death, was forced unfairly and wrongly for depositing the balance due amount, which is the proof of immorality and inhumanity. Certainly the non-applicant/appellant with the intention to earn unfair profit has made the increase in the bill amount by adding wrong and excess amount in the bill. Therefore, improper method for the recovery of the same was adopted. In this manner it is proved that deficiency in service and maltreatment is made towards the complainant/respondent and the non-applicant/appellant is bound to grant the relief to the complainant/respondent, as prayed for.*

*10. According to above after discussing the facts in the matter and perusal of the documents we came to this conclusion that the appeal of the non-applicant /appellant is liable to be dismissed being immaterial baseless. The order passed by the District Forum is uphold being proper and equitable"*

However, State Commission has not gone into the aspect whether the total bill amount of Rs. 2,94,260/- was wrongly made and whether complainant/respondent was wrongly charged for this amount. (Complainant paid Rs. 2,70,000/-, after Petitioner/OP gave a concession of Rs. 24,260/- in the final bill). It was contended by the complainant before the District Forum that when complainant's wife was admitted then it was told that there is a package of Rs. 85,000/- for which the complainant gave his consent. But on the next day complainant was asked to deposit Rs. 2.00 lacs; on asking, the complainant was told that if you want to see your wife healthy, then make arrangements of the said amount immediately. Then the complainant deposited the above amount on 19.06.2010. According to complainant, the doctors and staff kept informing the complainant that his wife's health is improving and suddenly on 21.06.2010 they were told that she has expired and that he was told that total amount of bill is Rs. 2,94,260/- and later that dead body of the wife will be handed over only after

depositing the balance amount of Rs. 74,260/- (complainant already deposited Rs. 2,20,000/-). After making so much request, the dead body was given after depositing Rs. 50,000/-.

10. District Forum has considered the issue that while admitting the patient if the package amount was Rs. 85,000/-, whether OP was justified in recovering the excess amount. In this regard, relevant paras of orders of District Forum are reproduced below:-

*“(12) Firstly, the non-applicant has engaged in professional misconduct. When the package of Rs. 85,000/- was communicated to the complainant, detailed information about the contents of that package should have been provided. This should have included a breakdown of the treatments and services covered by the Rs. 85,000/- package. When the general public is informed about a package costing Rs. 85,000/-, using the term "package" implies that the relatives of the patient would naturally assume that it covers the entire treatment, whether it spans a single day or several days. When the non-applicant declared the package amount, they did not have the right to demand any additional amount from the complainant. The non-applicant has not submitted any documentary evidence anywhere that proves they informed the complainant that additional expenses beyond the package would be billed separately. Therefore, any attempt to recover additional amounts related to the patient's treatment, apart from what is covered in the package, constitutes an inappropriate use of the package option. Firstly, it should be noted that the amount of Rs. 85,000/- cannot be considered a small sum. Moreover, requesting Rs. 85,000/- from rural individuals as a deposit and then, after admitting the patient, demanding Rs. 2,00,000/- undoubtedly falls within the realm of gross professional misconduct.*

*(13) Demanding such a substantial amount after admitting the patient demonstrates that the non-applicant is employing a policy of professional misconduct to recover a significant sum from the patient under the guise of treatment. It was, in fact, the responsibility of the non-applicant to ensure that the patient was fully informed by including all possible treatments and their associated costs in the package. This would have alerted the patient to the possibility of additional expenses for separate treatments under unusual circumstances. The non-applicant could have obtained the aforementioned pre-informed amount from the complainant through a Provisional Bill. Then, after completing the treatment, if it turned out that the treatment cost less than anticipated, any excess amount could have been returned to the complainant's relative. In such a scenario, there would be no need to demand such a substantial amount from the complainant after the patient's admission, regardless of their financial capability. This medical business policy unquestionably reveals a significant deficiency in service and professional misconduct. The non-applicant's approach, which initially offered a lower-priced package and then, after the patient's admission, demanded Rs. 2,00,000/- despite the initial agreement of Rs. 85,000/-, is a clear example of this misconduct.*



*(14) The significant issue at hand is whether the additional amount of Rs. 2,09,260/-, which was later obtained from the complainant, was genuinely necessary for the patient's treatment or not. Upon reviewing Annexures D.1 and D.2, it is evident that they do not provide information on how much blockage remained after the clot was removed. The question arises as to why balloon angioplasty was not attempted prior to direct stenting. This could have potentially widened the affected area without the need for a stent. Furthermore, the non-applicant has failed to specify the degree of blockage that remained. If the blockage was less than 65%, angioplasty may not have been warranted. Additionally, there is no evidence presented by the non-applicant regarding whether the patient received a pre-angioplasty injection or not. The necessity of a blood transfusion and the reasons behind it has not been adequately explained in the provided documents. Likewise, the non-applicant has not substantiated why an Intra-Aortic Balloon Pump (I.A.B.P.) was required. It is worth noting that the patient was admitted on the 17.06.2010, and the direct stenting was performed on the same day. In such cases, the administration of the necessary injection should have preceded the primary angioplasty.*

*(15) The non-applicant has failed to provide a satisfactory explanation as to why the CD containing the details of the patient's angioplasty was not given to the complainant. This further underscores the gross misconduct and deficiency in service on the part of the non-applicant. Based on this ground as well, there is no reason to disbelieve the complainant's claim, and it can be concluded that the non-applicant is not entitled to receive any additional amount beyond the pre-informed sum of Rs. 85,000/-.*

*(16) Upon reviewing Annexure-7, it becomes apparent that the X-ray expenses of the patient are listed on two separate dates. However, the non-applicant has not provided the X-ray film as evidence in this matter.*

*(17) It is evident from the examination of Annexure-5 that the amount for seven instances of blood transfusion is included, recorded in Serial 36 to 42 of the document. However, the non-applicant has not provided any explanation or reason for why the blood transfusions were necessary.*

*(18) In Annexure-7, where Rs. 90,000/- is recorded at Serial 4, it is accompanied by records of various other medicines on different dates, including 21.06.2010. However, according to Annexure D.30, the patient passed away on 21.06.2010, at 9:05 AM.*

*(19) Likewise, in Annexure-8, the final bill includes an entry for the purchase of the I.A.B.P. on 19.06.2010. However, in the rear portion of Annexure-D.15A, the entry to commence I.A.B.P. support is dated 18.06.2010. This inconsistency, where the non-applicant first initiated I.A.B.P. support and then later dated the purchase in Annexure-8, raises doubts about the authenticity and accuracy of these bills provided by the non-applicant.*

*(20) Likewise, in Annexure-7, the date of purchasing the stent is recorded as 18.06.2010, whereas according to Annexure D.2, the stent was actually inserted on 17.06.2010. Similarly, the date of purchasing the I.A.B.P. according to Annexure-D.8 is mentioned as 20.06.2010, while in I.A.B.P. Annexure D.15A, the starting date is listed as 18.06.2010. These discrepancies indeed cast doubt on the accuracy and reliability of the billing entries. As a result of these inconsistencies, it is evident that the complainant should not be held responsible for paying the amounts indicated in these bills. These discrepancies provide strong evidence that the non-applicant is at fault for misconduct in handling the billing and documentation in this case.*

*(21) Upon detailed examination of the relevant bills, several irregularities become apparent. Firstly, Rs. 90,000/- is charged separately in Annexure D.7 under the Pharmacy category. Similarly, Rs. 38,480/- in the Pharmacy category is charged in Annexure-D.8, but the names of the medicines are not specified. In Serial 86 of Annexure D.10, Rs. 90,000/- is added to the stent category on 18.06.2010, even though it is mentioned that the stent was inserted on 17.06.2010. Additionally, charges for I.A.B.P. on a per-day basis are included. When such charges are added separately, it raises questions about the purpose of recovering the package amount and the interpretation of the word 'Package.' Naturally, these categories would be considered part of the package amount, and determining the package amount should encompass all these charges. Therefore, recovering additional amounts separately in these categories would indeed be considered professional misconduct, especially if the complainant was initially told that the package amount was Rs. 85,000/-. Furthermore, upon reviewing the details of charges submitted by the non-applicant, it becomes apparent that the authenticity of the documents is questionable. These bills (Annexure D.3 to D.10) are dated 21.06.2010, but their print date is 12.02.2011. This aligns with the complainant's claim that when the patient passed away on 21.06.2010, and he requested a detailed bill and documents related to expenses, they were not provided immediately. The fact that these documents were printed after an 8-month delay strongly suggests that the non-applicant deliberately withheld detailed expense documents, which constitutes professional misconduct. Additionally, it is relevant to note that in Annexure D.13, the doctor was informed by phone, and the doctor provided advice over the phone without physically examining the patient. This demonstrates a significant deficiency in the non-applicant's service.*

*(22) A thorough examination of documents from Annexure 4 to Annexure 18 highlights several important points. Firstly, it raises questions about whether the need for such a substantial amount in these documents, spanning from Annexure 4 to 18, was reasonable and*

*whether these expenses were already included in the initial expenditure of Rs. 85,000. The fact that medical equipment charges in Annexure 2 are presented separately is particularly noteworthy. Annexure 2 was issued on June 21, 2010, while the patient was admitted on June 17, 2010. If the expenses outlined in Annexure 2 had also been communicated to the complainant when the initial package charges of Rs. 85,000 were disclosed, the complainant would have had the option to decide whether to proceed with treatment at that hospital based on his capacity to cover those costs. Moreover, in Serial 10 of Annexure-2, the package amount is explicitly stated as Rs. 85,000. However, mentioning such a significant amount under different heads in Document Serials 1 to 9 and Serial 11 by the non-applicant certainly constitutes professional misconduct. When the package amount of Rs. 85,000 was communicated, presenting such a substantial sum in the final bill would undoubtedly surprise and disappoint the complainant. Furthermore, the statement that the dead body would only be released after making the payment of the remaining amount is not in line with principles of humanity and contradicts the ethical standards associated with the medical profession. In essence, it was the duty of the non-applicant to ensure that if a package amount had been communicated to the complainant, it should have encompassed all possible treatment expenses, and any additional charges should have been clearly communicated and justified from the outset.*

*(24) A careful examination of Annexure-19 reveals a significant and rather surprising aspect: the complainant's statement that no type of operation or similar procedure was performed on his wife, the deceased. This statement is noteworthy and cannot be ignored.*

*(26) Based on the information provided, it is evident that the non-applicant initially admitted the patient by informing the complainant of a package amount of Rs. 85,000. Subsequently, additional amounts were demanded, even with claims of improvement in the patient's serious condition. Moreover, when the patient unfortunately passed away, it was communicated that the dead body would only be released upon the deposit of the outstanding amount. This series of actions constitutes a clear case of gross deficiency in service and professional misconduct. This situation raises a matter of societal concern. Such misconduct has the potential to erode the deep trust that people place in the medical profession, which is considered sacred. It may indeed be imperative to take measures to address and prevent such instances of misconduct. Considering the distress and mental anguish caused to the relatives, it is not unreasonable for the complainant to request Rs. 20,000 as compensation. This amount, in light of the circumstances, can be seen as a reasonable and justifiable demand.[\[1\]](#)*

*\*(Excerpt taken from English translated copy)*

11. From the above, it is seen that District Forum has gone at length to examine the issue of overcharging beyond the package amount of Rs. 85,000/- by OP. However, we find that

District Forum has allowed payment of Rs. 2,70,000/- i.e. full refund of amount paid by the complainant, along with interest, compensation and litigation expenses.

12. During the hearing, the counsel for petitioner admitted that no brochure containing package details and its inclusions/exclusions were given to the complainant/respondent and/or placed on record before the District Forum/State Commission. Even with the RP, no such brochure/details were filed. It was on instructions from the Commission during the hearing that the petitioner filed a copy of such brochure/details of the package. Relevant extract of the package, which the petitioner claims to have offered to the complainant, is given below.

***Package Name: Primary PTCA (Angioplasty-High Risk)***

***Done in Cath Lab***

***LOS: 1 Day ICU & 2 Day Ward***

<b><i>Bed Category</i></b>	<b><i>General Ward</i></b>	<b><i>Semiprivate</i></b>	<b><i>Private</i></b>	<b><i>Deluxe</i></b>	<b><i>S. Deluxe</i></b>
<i>Package Price</i>	65000.	75000.	85000.	100000.	160000.
<i>Cath Lab Medicines</i>	5500.	5500.	5500.	5500.	5500.
<i>Ward Medicines</i>	3000.	3000.	3000.	3000.	3000.
<i>Cardiologist Fees</i>	17500.	20000.	23000.	27000.	30000.

***Package Includes:***

1. 3 day stay in hospital (1 day in ICU & 2 day in Ward)
2. Inpatient nursing & Dietician charges
3. Cath lab Charges
4. Cardiologist Fees
5. Consultation during stay
6. Routine investigations

*-Blood Grouping*

*-BT CT*

*-Blood Sugar-Random*

*-Urea & Creatinine*

*-3 ECG*

*-Hbsag Serology (Rapid)*

*-HIV Serology (Rapid)*

*-Anti HCV Serology (Rapid)*

7. *Cath Lab standards consumables & medicines*

8. *Contrast 150ml/200ml*

9. *Routine medication*

**Package Excludes:**

1. *Charges for inpatient stay in excess of 3 day*
2. *Stay over this limit indicates a complicated case and all additional charges for these days will be added to the normal hospital rates*
3. *Take home medication*
4. *Other doctors fee (in case of reference)*
5. *Additional Cath Lab Consumables for patients with abnormal serology like Hbsag+ve, HCV+ve*
6. *Medicines & Consumables over & above the limit defined*
7. *Any of the investigations which is not mentioned will be excluded from the package*
8. *High value medicines like Repto/Integrillin etc., if used*
9. *PTCA balloon, if used*
10. *Cost of Stent*

**Note:**

1. *Patients will be charged extra at actuals for items not included in the package.*
2. *No refund will be given if stay is shorter than mentioned above.*

13. No doubt during the hearing, based on the above said package details, the petitioner was able to show that Rs. 85,000/- was not an all-inclusive package, there were other items for which the patient/complainant had to pay extra, considering that such package details/brochure were never given to the complainant and/or placed on record before the District Forum/State Commission, and considering the detailed analysis done by the District Forum, as reproduced in the preceding paras, we are of the view that in the present case the maximum which the petitioner/OP can charge from the respondent/complainant is Rs. 85,000/- and not Rs. 2,94,260/- (the final bill amount) or Rs. 2,70,000/- (the amount actually charged after giving a discount of Rs. 24,260). Hence, we hold that petitioner/OP has charged

excess amount of Rs. 1,85,000/- (Rs. 2,70,000- Rs. 85,000/-) from the complainant/respondent. However, District Forum has allowed full refund of Rs. 2,70,000/- paid by the complainant/respondent. Hence, we modify para 29(a) of the order of District Forum to the extent that petitioner/OP shall refund an amount of Rs. 1,85,000/- to complainant/respondent instead of Rs. 2,70,000/-. Further we also modify para 29(b) of the order, this amount shall be refunded to complainant/respondent with interest @ 12% p.a. (as awarded by District Forum), w.e.f. date of final bill i.e. 21.06.2010 rather than date of complaint i.e. 18.01.2011, as decided by the District Forum. Relief under para 29(c) and 29(d) of order of District Forum is maintained as such. In addition, the Respondent is awarded litigation cost of Rs. 15,000/- for the RP [over and above the litigation cost of Rs. 10,000/- awarded by District Forum under para 29(d)]. RP is disposed off accordingly.

14. The pending IAs in the case, if any, also stand disposed off.

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[1] Excerpt taken from English translated copy filed by the Petitioner. Original copy of order of District Forum, which is in Hindi, not filed by the Petitioner.

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**DR. INDER JIT SINGH**  
**PRESIDING MEMBER**