

S C H E M E

1. The public Charitable Trusts registered under the provisions of the Bombay Public Trusts Act, 1950 (for short 'B. P. T. Act') which are running Charitable Hospital, including nursing home or maternity home, dispensaries or any other center for medical relief and whose annual expenditure exceeds Rs.5 Lacs are "State aided public trust" within the meaning of clause 4 of section 41AA.

2. The public Charitable Trust covered by aforesaid clause 1 shall be under legal obligation to reserve and earmark 10% of the total number of operational beds for indigent patients and provide medical treatment to the indigent patients free of cost and reserve and earmark 10% of the total number of operational beds at concessional rate to the weaker section patients as per the provisions of section 41AA of the B. P. T. Act.

3. In emergency, the Charitable Hospitals must admit the patient immediately and provide to the patient "Essential Medical Facilities" for all life saving emergency treatment and procedure till stabilization. Further transportation to the public hospital would be arranged by such Charitable Hospital, if necessary. The Charitable Hospital, shall not ask for any deposit in case of admission of emergency patients.

4. That each public Charitable hospital shall create separate fund which may be called Indigent Patients' Fund (for the sake of brevity, hereinafter referred to as "IPF") and shall credit two per cent of gross billing of all patients (other than indigent and weaker section patients) without any deduction.

5. Donations that may be received by the charitable hospitals from individuals or other charitable trusts or from any other source for providing medical treatment to the indigent and weaker section patients shall be credited to IPF Account.

6. The account of IPF shall have to be earmarked under the head of IPF and same shall be reflected under the earmarked fund in the annual balance Sheet (Schedule VIII Rules 7(1) of the B.P.T Rules).

7. The amount credited to the IPF Account shall remain at the disposal of the respective Charitable Hospital and that amount shall be utilized only for providing medical treatment to the indigent and weaker section patients as provided herein after.

8. The Charitable Hospitals shall provide following non billable services free to the indigent patients as well as weaker section patients--

- (a) Bed
- (b) RMO Services
- (c) Nursing Care
- (d) Food (if provided by the hospital)
- (e) Linen
- (f) Water
- (g) Electricity and
- (h) Routine Diagnostics as required for treatment of general specialties.
- (i) House Keeping Services.

9. In case of indigent patients, the Charitable Hospitals shall provide medical examination and treatment in its each department totally free of cost. The indigent patient's bill of billable services shall be prepared at the rates applicable to the lowest class of the respective hospital. The medicines, consumables and implants are to be charged at the purchase price to the hospital. If Doctors forego their charges, then the same shall not be included in the final bill of the indigent patients. The bill so prepared shall be debited to IPF Account. The Charitable Hospitals shall not ask for any deposit in case of admission of indigent patients.

10. In case of weaker section patients, the Charitable Hospitals shall provide medical examination and treatment in its each department at concessional rates. The weaker section patient's bill of billable services shall be prepared at the rates applicable to the lowest class of the respective hospital. The medicines, consumables and implants are to be charged at the purchase price to the hospital, however the weaker section patients shall pay at least 50% of the bills of medicines, consumables and implants. If Doctors forego their charges, then the same shall not be included in the final bill of the weaker section patients. The bill so prepared after deducting the payment made by the weaker section patients shall be debited to IPF Account.

11. The Charitable Hospitals shall physically transfer 2% of the total patients' billing (excluding the bill of indigent and weaker section patients) in each month to IPF Account. The amount available in the IPF Account shall be spent to provide medical treatment to maximum number of indigent and weaker section patients. In case of surplus or shortfall in the IPF Account of the month, the same shall get adjusted in the subsequent months. In case there is imbalance in the credit of the IPF Account and the expenditure incurred in the treatment of indigent and weaker section patients for more than six months, such Charitable Hospital may bring this aspect to the notice of the Monitoring Committee who may issue appropriate directives to the concerned hospital.

12. The Charitable Hospitals shall furnish information to the office of the Charity Commissioner regarding the amount collected in the IPF Account, treatment provided to the indigent patients and the weaker section patients and their profiles prepared by the Medical Social Worker and the amount spent for the respective patients along with the information required to be sent under Rule 25 A of the Bombay Public Trusts Rules, 1951.

13. The Trustees of the charitable hospitals shall not provide medical facilities to their relatives, the employees of the Trust and their dependants in the category of “indigent and weaker section patients”.

14. The Charitable Hospitals shall admit indigent or weaker section patients coming to their hospitals from any source or through Government Hospitals, Municipal Hospitals, etc. The procedure for admission of patients shall be as provided in subsequent clauses.

15. That the charitable hospitals shall admit indigent patients to the extent of 10% of their operational beds/average occupancy for medical examination and treatment. So also, the Charitable Hospitals shall admit weaker section patients to the extent of 10% of their operational beds/average occupancy for medical examination and treatment coming to their hospitals from the sources referred to in clause 14. The Charitable hospitals shall verify the economic status of the patients from their Medical Social Worker on the basis of scrutiny of any one of the following documents produced by the concerned patients: (i) Certificate from Tahasildar, (ii) Ration Card/Below Poverty Line Card.

16. The Members of the Monitoring Committee in Greater Mumbai Region shall be as follows:-

- (i) Joint Charity Commissioner, Maharashtra State, Mumbai (Chairman).
- (ii) Joint Director of Health Services (Medical), Mumbai (Member-Secretary).
- (iii) Secretary/Nominee of Association of Hospitals in Mumbai (Member).
- (iv) Health Officer, Municipal Corporation of Greater Mumbai, Mumbai (Member).

The Monitoring Committee at the District Level shall be as follows:-

- (i) Joint Charity Commissioner (Regional Level) or his nominee (Chairman).
- (ii) Civil Surgeon (Member-Secretary).
- (iii) Health Officer of Zilla Parishad (Member).
- (iv) Representative of Charitable Hospitals in Districts (Member).

17. The Monitoring Committee shall hold its meeting once in a month and monitor implementation of the Scheme by each of the Charitable Hospitals. The Monitoring Committee shall also consider grievances of the patients, if any, made and submit its report to the Charity Commissioner.

18. In case of the breach of the Scheme and / or the terms and conditions of section 41AA by any Charitable Hospitals, besides the penal action as is provided under section 66 of the B.P.T. Act, the Charity Commissioner shall make report to the State Government recommending withdrawal of the exemption granted to the concerned hospitals during the next preceding year in payment of contribution towards P.T.A. Fund and the amount of contribution towards P.T.A. Fund be recovered from the said hospital. The Charity Commissioner may also request the Government to withdraw any other concessions / benefits given to the said hospital.

19. The Charitable Hospitals which face individual difficulties in meeting objectives / obligations under this scheme shall be at liberty to apply to the Charity Commissioner with all supporting documents who may consider suitable modifications, if a case for relief is made out.

20. The Charity Commissioner shall notify the list of the Charitable Hospitals in Greater Mumbai Region on the Notice Board of this office and two newspapers widely circulated in Greater Mumbai, one in Marathi and the other in English and the list of Charitable Hospitals in each District on the Notice Board of the office of the Joint Charity Commissioner and the two widely circulated newspapers of the District.

21. Each of the Charitable Hospitals governed by this Scheme shall publish the Scheme on its Notice Board displayed at a conspicuous place of the Hospital.