IN THE HIGH COURT OF JUDICATURE AT MADRAS

DATED: 18.01.2018

CORAM:

THE HON'BLE MR. JUSTICE T.RAJA

W.P.No.12233 of 2016

K.P.Ramalingam .. Petitioner

Vs

1.The District Collector,
Vellore District.

2.The Director,
State Treasury and Accounts Department,
Panagal Building,
Saidapet, Chennai -15.

3.The District Treasury Officer,
Vellore District Treasury Office,
Sathuvacheri,
Vellore - 9.

4.The Joint Director of Medical and
Rural Health Services, Velapadi,
Vellore - 632 001.

5.United India Insurance Co.Ltd.,
PLA Rathna Towers,
212, Anna Salai,
Chennai - 6. .. Respondents

(impleaded as 5th respondent vide order dt.18.1.18
passed in WMP.No.11597/16 in W.P.No.12233/16)

Prayer: Writ Petition filed under Article 226 of the Constitution of India seeking a writ of mandamus to direct the respondents to reimburse the petitioner's Medical Bill amount under the pensioners New Health Insurance Scheme 2014, for a sum of Rs.1,43,709/- with accrued interest at 9% per annum in pursuance to the petitioner's representation dated 13.12.2014, 18.05.2015, 15.06.2015 and 25.01.2016.

For petitioner : Mr.K.R.Ravindran
For R1 to R4 : Mr.V.Jayaprakashnarayanan, Spl.GP
For R5 : Mr.P.Sankaranarayanan, Standing Counsel

O R D E R

By way of filing this writ petition, the petitioner seeks a direction to the respondents to reimburse his Medical Bill Amount under the Pensioners New Health Insurance Scheme, 2014, for a sum of Rs.1,43,709/- with accrued interest at 9% per annum.

2. It is submitted by the learned counsel for the petitioner that the petitioner was a retired government servant, who worked as Assistant Agriculture Officer in Government Agriculture Department. He has been receiving his pension in P.P.O.No.C261837/AGM through Indian Overseas Bank, Allapuram Branch, Vellore, bearing Account No.13556. Whileso, the Government of Tamil Nadu had issued a G.O.Ms.No.171, Finance (Pension) Department, dated 26.06.2014, introducing New Health Insurance Scheme, 2014, for Pensioners (including spouse) Family Pensioners (in short "Scheme"). The petitioner had also subscribed the above said scheme so as to get Health Insurance Benefits. As per the said scheme, one has to take treatment in the approved hospital for the List of Accredited Treatments and Surgeries as per the Annexure II of the said G.O., therefore, it is stated that he is covered under the said scheme.

3. While the matter stood above, the grievance of the petitioner is that on 05.12.2014, due to chest pain, he was admitted into the Christian Medical College Hospital, Vellore, which is one of the approved hospitals under the said scheme, and on the said day itself, he was treated for Transradid Coronary Angiogram and Primary PTCA with stenting of RCA-PLB, and thereafter, he was discharged from the said hospital on 08.12.2004 on payment of Rs.1,43,709/- paid by him. Subsequently, he had sent a detailed representation dated 13.12.2014 to the third respondent requesting reimbursement of the said sum paid by him and he has also enclosed all the Original Bills, Insurance Scheme Approved Chit, Christian Medical College Hospital Medical Expenses Bill, Stamped Receipts, Discharge Certificate, Pension Book Copy and New Insurance Scheme Approved Letter. In turn, the third respondent, vide his proceedings dated 05.01.2015, sent a proposal to the fourth respondent to place it before the District Level Empowered Committee for its decision by recommending the claim of the petitioner. Thereafter, on 03.07.2015, the fourth respondent had recommended to the first respondent to reimburse the said medical bill amount under the

said Scheme to all those 23 persons including the petitioner. The third respondent, in his proceedings dated 10.09.2015, called the petitioner to attend the meeting to be presided by the first respondent District Collector on 14.09.2015 to consider his claim for reimbursement of the said medical bill amount under the New Medical Insurance Scheme, 2014. Finally, on the date of the meeting, the petitioner was informed by the District Collector about the sanction of the said sum for reimbursement along with others and that the list of beneficiaries was also published in the newspaper on 14.09.2015 under the said Scheme. However, when the petitioner approached the third respondent for issuance of a cheque, he did not get proper reply from the said authority.

4. By naratting the aforesaid facts of the case, it is further submitted that when the third respondent had forwarded all the original bills as submitted by the petitioner recommending his claim for reimbursement, the fifth respondent Insurance Company cannot unnecessarily harass the petitioner asking for submission of break-up bills, especially when the same was approved by the Empowered Committee presided by the District Collector. Thus, it is contended, due to the delay tactics adopted by the Insurance Company for settling the medical reimbursement, the claim of the petitioner for reimbursement of medical bill amount has not been settled even after 2 years from the date of recommendation of the Empower Committee, as a result, this has caused grave prejudice to the petitioner, hence, a direction may be issued to the fifth respondent Insurance Company to accept the recommendation made by the Empowered Committed presided by the District Collector.

5. Learned Special Government Pleader appearing for the respondents 1 to 4 submitted that after the receipt of the medical bills as submitted by the petitioner for disbursement of the medical bill amount under the said scheme, the same was forwarded to the Joint Director of Medical and Rural Health Services, Vellore, vide Treasury Officer, Vellore, in K.Dis.No.19238/2014/Q2, dated 29.04.2015. Thereafter, the Joint Director of Health Services, Vellore, in his proceedings dated 17.06.2015, has directed the third respondent to place the claim of the petitioner before the District Level Empowered Committed headed by the District Collector, Vellore, who, in turn, on receiving the said application of the petitioner, approved the same on 14.09.2015. Thus, in such view of the matter, the Insurance Company cannot raise unnecessary queries so as to delay the payment of reimbursement of medical bill amount under the said Scheme. It is further submitted that after receiving the consolidated receipt as well as inpatient bill along with necessary original medical bills from the petitioner, the third

respondent, vide his proceedings dated 05.01.2015, forwarded the same to the fourth respondent recommending for reimbursement of the said medical bill amount, therefore, it is not known how the fifth respondent Insurance Company can ask for break-up bills. It is further submitted that when the Bill No.119641, dated 10.12.2014 defines what are the charges collected from the petitioner, the fifth respondent Insurance Company has no justification to unnecessarily prolong the payment of the medical bill under the said Scheme, therefore, a direction may be issued as sought for by the petitioner.

6. A short counter affidavit has been filed by the fifth respondent Insurance Company. Although the fifth respondent Insurance Company has asked for original break-up bills and original cash receipts, nowhere they have suspected the aforesaid two bills, namely, consolidated receipt dated 10.12.2017 and Inpatient Bill dated 10.12.2014 given by the Christian Medical College Hospital, Vellore, showing the breakups for the said sum of Rs.1,43,709/- paid by the petitioner.

7. It is an admitted fact that the third respondent / the District Treasury Officer, Vellore, had received the entire bills as submitted by the petitioner including the consolidated receipt dated 10.12.2014 as well as inpatient bill dated 10.12.2014 showing the payment of Rs.1,43,709/- made by the petitioner for the treatment taken between 05.12.2014 and 08.12.2004 in Christian Medical College Hospital, Vellore, as inpatient due to sudden chest pain. Thereafter, the third respondent, vide his proceedings dated 05.01.2015, forwarded the same to the fourth respondent / the Joint Director of Medical and Rural Health Services, Vellore, by enclosing the pension proposal of the petitioner. Subsequently, the fourth respondent, in his proceedings dated 03.07.2015, sent his proposal to the first respondent District Collector recommending reimbursement of the medical bill amount under the said Scheme. For better appreciation, relevant portion of the said proceeding is extracted below:-

> "With reference to the above, I have to inform that most of pensioners are senior citizens and they had not been given insurance Cards so far, Annexure IV form was issued.
>
> They got admitted and discharged before settling the claim.
>
> They had been treated in accredited hospital for approved diseases.
>
> But as per the G.O.Ms.No.171, Finance (Pension) Department, dated

26.06.2014 the candidates should be treated on accredited hospital for approved diseases only. They should settle the claims before the time of discharge. The reimbursement shall not be entertained by the hospital authority.

But as per the previous G.O., for Tamil Nadu Government Pensioner's Health Fund Scheme as ordered in G.O.No.458, Finance (Pension) Department, dated 21.09.2007 and based on the many court orders reimbursement were made (enclosed).

Hence, this reimbursement may be considered on humanitarian grounds."

On receipt of the aforesaid recommendation, the Empowered Committee held its meeting on 14.09.2015 presided by the first respondent District Collector, whereby, the District Collector announced about the sanctioning of the amount of reimbursement of all the pensioners including the petitioner under the said Scheme and they were also instructed to collect the cheque. Thereafter, reimbursement of the medical bill amount under the said Scheme by the District Collector was also published on the same day's evening newspaper.

8. In such view of the matter, denial by the fifth respondent Insurance Company to pay the reimbursement of the medical bill amount under the said Scheme, that too, even after the receipt of the recommendation of the fourth respondent /the Joint Director of Medical and Rural Health Services, Vellore, as well as the recommendation of the Empowered Committee for reimbursement presided by the District Collector, is wholly unjustifiable and bereft of any merit. Therefore, in my view, such a delay tactics adopted by respondent Insurance Company to pay the reimbursement under the said Scheme would have ultimately caused a grave-hardship to the petitioner, who is aged about 72 years now, that too, ignoring the specific recommendation of the above said authorities as early as on 03.07.2015.

9. Thus, for the reasons stated above, the writ petition is allowed with costs of Rs.50,000/- payable by the Insurance Company to the petitioner along with the reimbursement amount of Rs.1,43,709/-, within a period of four weeks from the date of receipt of a copy of this order. At this juncture, although the learned counsel for the fifth respondent requested not to impose costs as this would certainly demoralize the name of the Insurance Company, this Court is not inclined to accept such submission, for, if the cost is not imposed for protracting the issue for more than two years for reimbursement of the

medical bill amount under the said Scheme to the petitioner, who is aged about 72 years, despite the recommendations of various authorities as stated above, then, in my considered opinion, it would amount to justification of the wrong done by the Insurance Company, as such, the very purpose of the Scheme would get defeated. No Costs. Consequently, connected miscellaneous petitions are closed.

Assistant Registrar
Dt.15.2.18

//True Copy//

Sub Assistant Registrar

To

1.The District Collector,
Vellore District.

2.The Director,
State Treasury and Accounts Department,
Panagal Building,
Saidapet, Chennai -15.

3.The District Treasury Officer,
Vellore District Treasury Office,
Sathuvacheri,
Vellore - 9.

4.The Joint Director of Medical and
Rural Health Services, Velapadi,
Vellore - 632 001.

+1 cc to Govt.Pleader,sr.4624

+1 cc to M/s.K.A.Ravindran,advocate,sr.3842

+1 cc to Mr.P.Sankaranarayan,advocate,sr.3813.

Krd 17/2