



# Sanchar Nigam Pensioners' Welfare Association

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CHQ: B-11/1, Ramesh Nagar, New Delhi-110015, India

🌐 [snpwachq.com](http://snpwachq.com)

✉ [snpwachq@gmail.com](mailto:snpwachq@gmail.com)

**K.D Sebastian**  
CHQ President  
+91 9447144100

**G.L.Jogi**  
General Secretary  
+91 9868217799

**S.S. Rajput**  
Treasurer  
+91 9413394204

**SNPWA/CHQ/4/CGHS/2026. Dated 4th June, 26..**

**To**  
**Dr. Sunil Barnwal**  
**Additional Secretary & Director General, CGHS**  
**Nirman Bhawan, ND.**

Subject: Impending Health Crisis Faced by CGHS Beneficiaries Due to Non-Payment of Dues to Empanelled Hospitals, Threat of Large-Scale De-Empanelment, and Adverse Impact of doctors meant for Patient Care put on non-clinical Work\_

Sir,

We are constrained to bring to your urgent attention a matter of grave concern that threatens the healthcare security of lakhs of CGHS beneficiaries, the overwhelming majority of whom are senior citizens, pensioners, and individuals dependent upon CGHS for their health, well-being, and in many cases, their very survival.

It is indeed astonishing and alarming that the Heads of Empanelled Healthcare Organizations (HCOs) across the country have reportedly met and passed a resolution expressing their deep anguish over the non-payment of dues allegedly amounting to more than ₹3,600 crore since the transition from the NIC platform to the CDAC platform. We further understand that a formal notice has been served upon the CGHS authorities demanding settlement of the outstanding payments within six weeks, failing which hospitals may be compelled to withdraw from the CGHS panel.

More disturbing are reports that certain reputed and prestigious hospitals have already de-empanelled themselves or have stopped extending services to CGHS beneficiaries owing to the prolonged non-settlement of their claims.

If these reports are correct, the situation is nothing short of a looming healthcare emergency.

The issue is no longer confined to administrative delays or financial transactions between CGHS and empanelled hospitals. It has now become a matter directly affecting the health, safety, and lives of beneficiaries. Every hospital that withdraws from the panel reduces the healthcare choices available to beneficiaries and increases uncertainty and anxiety among elderly patients who depend upon these facilities for treatment of serious and life-threatening ailments.

Equally alarming is another issue which is receiving insufficient attention but is causing immense hardship to beneficiaries. We understand that a substantial portion of the bill-processing work has

been entrusted to CGHS doctors who were recruited primarily to provide medical care to beneficiaries.

This arrangement is proving detrimental both to doctors and patients.

Computerisation of healthcare administration cannot and should not result in making doctors perform large volumes of non-clinical accounting and claim-processing work at the cost of patient care. Every hour spent by a doctor on settlement and scrutiny of bills is an hour taken away from medical consultation, diagnosis, treatment, preventive care, and patient counselling.

The inevitable consequence is being witnessed in Wellness Centres across the country. Beneficiaries frequently encounter shortages of available doctors, reduced consultation time, overcrowding, delays in obtaining medical attention, and increasing difficulty in accessing primary healthcare services. Many beneficiaries are consequently compelled to seek referrals to private hospitals, not always out of medical necessity but because adequate medical attention is not readily available at the Wellness Centres themselves.

We respectfully submit that hospital bill scrutiny, accounts processing, claim settlement, and other related administrative functions should be entrusted to dedicated professional agencies or specialised administrative personnel. Doctors should be allowed to perform the duties for which they are trained and appointed—namely, the care and treatment of patients.

The present arrangement is not only adversely affecting beneficiaries but is also reportedly causing dissatisfaction among CGHS doctors themselves. Many young doctors who join CGHS with expectations of practising medicine reportedly find themselves burdened with extensive non-clinical work, leading to frustration, disillusionment, and attrition. Several doctors are understood to have left CGHS service for this very reason. Such a trend, if allowed to continue, will only aggravate the shortage of medical professionals within CGHS and further weaken healthcare delivery.

The silence of the authorities in the face of these developments is deeply disturbing. Administrative systems may continue to function despite delays and disruptions, but beneficiaries cannot afford to wait when their health is at stake. Illness does not wait for software migration issues to be resolved. Emergencies do not wait for files to move. Advanced age does not permit postponement of medical care.

The transition from one platform to another was an administrative decision. Beneficiaries cannot be made to suffer the consequences of deficiencies in planning, implementation, or post-transition management. They are entitled to uninterrupted healthcare protection under CGHS, and it is the responsibility of the administration to ensure that this protection remains intact.

**We therefore urge your good office to intervene personally and take immediate corrective measures to:**

1. Clear all legitimate outstanding dues to empanelled hospitals on a war footing.
2. Prevent further de-empanelment of hospitals and reassure healthcare providers regarding timely settlement of claims.
3. Restore confidence among healthcare providers and beneficiaries alike.

4. Relieve CGHS doctors from extensive bill-processing and Settlement work by entrusting such functions to dedicated administrative agencies or specialised personnel.
5. Ensure that doctors are available primarily for patient care and clinical responsibilities in Wellness Centres.
6. Keep beneficiaries informed of the concrete steps being taken to address these issues.

We wish to state, with all the seriousness at our command, that if timely and adequate redressal is not forthcoming and beneficiaries continue to face denial or disruption of medical services, we shall be left with no option but to launch peaceful democratic protests to safeguard our legitimate right to healthcare.

For senior citizens, healthcare is not a privilege. It is not merely a welfare measure. It is a lifeline. Any threat to that lifeline is a threat to life itself.

**We earnestly hope that the CGHS administration will appreciate the gravity of the situation and act with the urgency, sensitivity, and sense of responsibility that the circumstances demand.**

Regards,

**Yours sincerely**



**(G. L. Jogi)**

Copy to

1. MS Salila Srivastava, Secy/ MOH& FW. Requested to call for a very comprehensive report from DG/ CGHS regarding deplorable and pathetic state of affairs of CGHS. Immediate remedial action is sought from your side to save CGHS from virtually collapsing in all aspects.
2. Sh Manshvi Sibgh, JS. for immediate intervention to restore credibility and functioning of CGHS on war footing
3. Dr Sateesh. Y. H, Director/ CGHS for immediate n/ a pl..