

PAID MEDICAL CARE IN THE STATE MEDICAL SERVICE ORGANIZATION

Ashurova Shaxnoza Ortiqovna

The Direction of Medical Work of the European Medical Institute

ANNOTATION:

Paid services are also defined in health regulations. There are both specific pros and cons to paid medical care. Paid medical services are provided to the population by medical institutions, if they have a certificate and license for the selected type of activity. This article discusses in detail the advantages and disadvantages of paid services in public medical institutions and organizations.

Keywords: Public medical institutions and organizations, paid services, advantages, disadvantages, public health.

INTRODUCTION:

The procedure and conditions for the provision of paid medical services to the population by public medical institutions (except for the guaranteed amount of free medical care), including by research institutes and the Ministry of Health. It can be carried out by state medical institutions providing paid medical services to the population in the form of prevention, treatment-diagnostics, rehabilitation, prosthetic-orthopedic and dental care. Paid medical services to the population are provided by medical institutions under contracts with citizens or organizations for the provision of medical services to workers and their families.

Paid medical services are provided to the population by public medical institutions, if they have a certificate and license for the selected type of activity. In addition, state and municipal medical institutions provide paid medical services to the population with the special permission of the relevant body of

health management. Medical institutions must ensure that paid medical services provided to the population comply with the requirements of diagnostic, prophylactic and treatment methods permitted in the territory of the Russian Federation. Medical institutions must keep statistical and accounting records of the results of paid medical services provided to the population, compile the necessary reports and submit them in the manner and within the time limits established by law and other legislation.

Control over the organization and quality of paid medical services to the population, as well as the correctness of the collection of payments from the population is carried out by health authorities and other government agencies within their competence. The cost of paid medical services is determined by law. Public medical institutions are obliged to provide citizens with free, open and reliable information, including the location of the institution (place of state registration), working hours, list of paid medical services, indicating their cost. information on the conditions for the provision and receipt of these services, including information on benefits for certain categories of citizens, as well as information on the qualifications and certification of specialists.

Provision of paid medical services is formalized by a contract governing the terms and conditions of their receipt, the order of settlement, the rights, obligations and obligations of the parties. Payment for medical services is made in banking institutions or medical institution.

It should be noted that if paid medical services are provided, in case of sudden acute illnesses, conditions, exacerbation of chronic

diseases, it is necessary to provide emergency medical care to eliminate the threat to the life of the consumer. If so, such services are provided free of charge. At the conclusion of the contract, the consumer must be informed about the procedure for providing medical care at his request, the specific medical staff providing medical care, the possible risks and consequences, as well as the expected results of medical care . Prior to concluding the contract, the contractor shall notify the consumer in writing that non-compliance with the instructions (recommendations) of the paid medical service provider may reduce the quality of paid medical services. This may not be done in a timely manner or may adversely affect the health of the consumer.

In conclusion, today some public medical institutions provide really paid medical services. More is related to this age. Usually, children between the ages of 16-18 are screened for free. In general, there is currently a program of state guarantees of free medical care to citizens, which is implemented in the relevant categories and age categories. At the same time, citizens are provided with free emergency medical care, outpatient and inpatient care (acute illness, poisoning, injuries, etc.). When providing paid medical care in a public health service organization, of course, quality and patient health are paramount.

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