SOURCE MARKETS

East Africa: follow the letter, not the patient

Cases from Kenya and Tanzania run on a paper chain. Warmth gets you shortlisted. Documentation discipline gets you paid.

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AT A GLANCE

The East Africa corridor in four lines

THE CHAIN	Home consultant referral, approval, sponsor letter, settlement after discharge
DESK FOCUS	Getting each document in the chain right
WATCH	The edge of sponsor cover, raised early
LANGUAGE	Register differences on English calls

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WHAT IS DIFFERENT

Three features that change the desk design

1. A shorter, cheaper flight, so review visits are realistic
2. A working day that overlaps with India, so live calls work
3. Formal cover from employers, schemes and institutions far more often

The payer will never meet the patient but will read every line of your invoice.

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Treat it as a contract, not reassurance

- Scanned, filed, exclusions unread until billing
- Assumed to cover whatever the work-up turns out to need
- A changed surgical plan or ICU stay sits outside approval

Standing rule: no admission until someone writes down what is covered, excluded, and who pays if the plan changes.

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Families forgive a hard fact delivered early. They do not forgive a surprise delivered late.

Attendant accommodation, non-medical costs, care beyond a set period: say it in writing at estimate stage.

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WHERE IT STARTS

The referral begins with a doctor, not a search

- A clear clinical opinion on a shared scan
- A realistic timeline and what you would do differently
- A discharge summary back within days, without chasing
- The referring doctor invited onto the pre-travel video call

Glossy patient content does not move a consultant. A prompt, specific opinion does.

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REGISTER

English is shared. Comprehension is not

- Domestic call rhythm produces polite agreement, low comprehension
- Slow down, use the patient's own words for their condition
- Confirm the next step in one sentence, then in writing
- Roster Swahili interpreters as a service, not a favour

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BILLING

A sponsor settles against documents

1. Invoice mapped line by line to the approval
2. Discharge summary and investigation reports
3. A covering note explaining any variance from the plan
4. Sent once, complete, tracked by a named owner

Measure time from discharge to settlement. It says more than enquiry volume.

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BUILD FIRST

Three pieces of internal work, in order

1. A one-page cover summary per sponsored case, before admission
2. A settlement pack template with a named owner and deadline
3. A discharge summary route to the referring doctor that needs no chasing

None needs a campaign, a facilitator or a new budget line.

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READ THE FULL GUIDE

Patients from Kenya and Tanzania, in full

- Splitting sponsored from self-funded reporting
- What a short flight lets you design
- Entry rules: point to the authority, never restate
- gauravphogat.com/medical-travel-from-east-africa-to-india

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