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The healthcare bill that comes home with you

Home nursing, physiotherapy, oxygen support—health insurance can cover these for 60–180 days after discharge, with conditions. You'll need to clear the rest of the bill



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Falls can be catastrophic for the elderly. Among the leading causes of disability and even death in this demographic, such accidents often necessitate complete rehabilitation at home, supported by professional nurses and physiotherapists.

Ask Mumbai resident Ritesh Sheth, whose 74-year-old father suffered a fall in December 2025, resulting in a complex hip fracture and surgery. "He was bedridden for a while, so after discharge, we knew we would need professional help at home. The hospital arranged nursing services, and for nearly two months, he required round-the-clock support," he says. The total cost of home care was about ₹2.5 lakh.

While home healthcare is often associated with the elderly, younger people may need it too. Take the case of United States-based Jeetesh Hasijani, 31, who injured his ligament during an offsite cricket match in Pune. "What seemed like a simple accident turned into one of the most difficult phases of my life. I tore the ACL (anterior cruciate ligament) in my left knee, along with damage to the meniscus. On paper, it sounds like 'just a ligament injury', but it brings your life to a halt," he says. He later underwent ACL reconstruction surgery, followed by rehabilitation, with regular physiotherapy sessions in Jaipur. The post-

surgery cost came to ₹1 lakh, including nursing and physiotherapy.

Like Sheth and Hasijani, more families are turning to professional home healthcare for post-surgical recovery, elderly care, palliative support and chronic conditions. The shift is driven by an ageing population, nuclear families, rising lifestyle ailments, the convenience of care at home, growing service availability and high hospital costs. "The Indian home healthcare market is projected to grow at a compound annual growth rate (CAGR) of 19.29%. The shift is supported by advancements in telehealth, rising disposable incomes, nuclear family structures and the cost-effectiveness of home care," says Vikram Verma, senior VP and business head, MAX@Home, Max Healthcare's home-care arm. According to consulting and research firm, IMARC, India's home healthcare market size was \$16.30 billion (around ₹1.54 lakh crore) in 2025, and is projected to reach \$74.57 billion (over ₹7 lakh crore) by 2034.

"The demand for home healthcare has always existed, but it surged during Covid-19 when hospitals were

overwhelmed, especially for ICU-level care at home. Since then, it has only grown," says Dr Gaurav Thukral, co-founder and president, HealthCare

At Home. Several corporate hospitals, including Apollo and Max, have also set up dedicated home healthcare verticals.



Ritesh Sheth, Mumbai

Home care needed for:
Father, 74 years

Ailment: Fall, leading to complex hip fracture. Surgery in December 2025

Home-care service:
Nursing and physiotherapy

Expenses incurred:
Nearly ₹2.5 lakh



Jeetesh Hasijani

United States/Jaipur

Home care needed for: Self

Ailment: Ligament injury, followed by surgery in February 2026

Home-care service:
Nursing and physiotherapy

Expenses incurred:
Nearly ₹1 lakh (so far)



WHAT'S ON OFFER

The services range from doctor visits, physiotherapy, nursing and caregiving to advanced care, such as home dialysis and ICU set-ups at home. The latter involves a full critical care set-up in a residential space—ventilators, monitors, specialised staff and equipment—under a doctor's supervision, physically or remotely, says Verma.

According to ElderAid CEO Santosh Abraham, physiotherapy sessions for stroke or Parkinson's patients can cost between ₹1,500 and ₹2,200 per visit (in less complicated cases, these can range from ₹800-1,500). If a patient needs oxygen support, the monthly rental could range from ₹3,500 to ₹7,000 for a five- or 10-litre concentrator. Skilled nursing care needed for post-oncology procedures could cost upwards of ₹85,000 a month. "ICU set-up at home could entail a cost of ₹2-4 lakh per month, depending on the patient's condition and equipment needed," he adds.

Round-the-clock, non-medical caregivers could charge over ₹30,000-45,000 per month, though this can vary widely by city and the type of care needed.

When Aparna Nagarjuna's late father, in his 90s, was diagnosed with dementia during a treatment for a fall a few years ago, the family decided to hire full-time caretakers at his house in Bengaluru. "The caregivers helped with everything—sponge baths,

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changing clothes, feeding and general supervision while he remained at home. With dementia, sleep cycles do not follow a normal pattern, so the person attending to him also had to remain constantly alert, even through the night. This continued for nearly eight months until he passed away in December 2025. The cost was typically around ₹900-1,000 per shift, per day," she says.

For procedures such as wound dressings or infusions, costs can range from ₹1,500 to ₹2,500 per visit, excluding drugs and consumables. "Chemotherapy at home may cost between ₹10,000 and ₹15,000 per session, depending on the duration, while peritoneal dialysis typically costs ₹2,000-2,500 a day, excluding medicines and consumables," says Thukral.

ADVANTAGES & DRAWBACKS

Home healthcare and elderly care providers say opting for treatment at home is far cheaper than hospital care. "Home care is typically 25-50% cheaper than a hospital stay," says Abraham. "By moving care to the home, patients save on hospital room rent, administrative surcharges, and family commuting costs to the hospital, effectively saving 10-25% on overall medical treatment," adds Verma.

The convenience and comfort that recovery at home can offer are crucial factors too. "The risk of hospital-acquired infections (HAIs) is lower, and care is more personalised—with a 1:1 nurse-to-patient ratio at home versus about 1:4 in many hospital wards. Patients also tend to recover faster in familiar surroundings with family nearby," says Abraham.

For extended intensive care, home ICU set-ups are cheaper. "ICU care at home can be up to 70% less expensive than hospital care. In a corporate hospital, an ICU admission would rarely cost less than ₹50,000 a day, whereas home-based critical care can be far lower, with remote monitoring by doctors through e-ICUs and command centres available round the clock," says Thukral.

To be sure, the decision on whether or not treatment can be taken at home hinges on doctor's advice. It can be considered only after professional medical consultation, not just on the basis of a cost-benefit analysis. A big factor is also the size of your home and whether the patient and family can both have dedicated, earmarked spaces.









"Also, hiring caregivers could cost upwards of ₹40,000 a month. Ensuring they are trained to handle conditions like dementia is a challenge, along with security concerns when family members step out," says Rajan Mehta, founder, Zealver, a senior living facility near Mumbai.

LIMITATIONS OF INSURANCE






All health insurance policies cover post-hospitalisation expenses for 60-90 days, with some extending it to 180 days. In the cases of Sheth and Hasijani, physiotherapy and nursing costs were covered. "This includes follow-

Insurers such as HDFC ERGO, Care Health, Niva Bupa and Star Health have started covering home healthcare expenses, either within base policies or as add-on riders for an extra premium

Cost of home-care set-up

 <p>Wheelchair ₹5,000-1.5 lakh Basic folding: ₹5,000-10,000 Powered/motorised: Higher</p>	 <p>Hospital bed (motorised/adjustable) ₹20,000-80,000 Essential for bedridden paralysis and late-stage cancer patients</p>	
 <p>Suction machine ₹10,000-25,000 Required for patients with swallowing difficulties (Parkinson's, post-stroke paralysis)</p>	 <p>Nebuliser ₹2,000-5,000 Pulmonary rehab post-cancer surgery</p>	
 <p>Ryle's tube/catheter/stoma supplies (initial set-up) ₹3,000-10,000 Recurring replacements are part of monthly consumables</p>	 <p>Home modification (ramps, grab bars, bathroom safety) ₹20,000-1,00,000+ Higher for full wheelchair access modification</p>	
 <p>Oxygen concentrator ₹25,000-60,000 For post-surgery or respiratory-compromised patients. Rental also available: ₹2,500-7,000/month</p>		

Monthly outgo

 <p>24-hour trained home nurse ₹45,000-1,00,000 ICU-trained/critical care nurses in metro cities like Delhi, Mumbai, Bengaluru</p>	 <p>Basic attendant/caregiver (24 hour) ₹25,000-40,000 Untrained/semi-trained; for Alzheimer's/paralysis patients</p>
 <p>Physiotherapy (home visits) ₹10,000-20,000 ₹800-1,500/session; typically 10-15 sessions/ month needed for post-surgery or paralysis rehab</p>	 <p>Speech therapy ₹10,000-13,000 ₹1,200-1,600/session; assuming two sessions per week for Parkinson's patients</p>
 <p>Nutritional supplements/ tube feeding ₹5,000-15,000 Needed for post-surgery or swallowing-impaired patients</p>	<p>Source: MOSPI. Policybazaar, inputs from patients, caregivers and home-care firms. Costs could vary as per needs, city and service providers</p>

Health insurance for home care

Plan	Age	Annual premium (₹)
Niva Bupa - ReAssure 3.0 Black	40	9,988
Star Health Super Star	40	10,475
Aditya Birla - ActivOne Max	60	11,285
ICICI Lombard - Elevate	40	10,147
	60	25,503

Source: Policybazaar.com. The products' scope of coverage includes home healthcare/ nursing expenses; the list is not exhaustive

up consultations, prescribed medicines and diagnostic tests linked to hospitalisation. Some insurers also cover home physiotherapy if arranged through empanelled providers," says Siddharth Singhal, head, Health Insurance, Policybazaar.com. To be sure, patients or family members must review the list of what is not payable and maintain records while filing such claims. "For instance, nursing and physiotherapy can be covered, depending on your policy's terms. However, you must submit a detailed list and supporting proof. It's not enough to mention a consolidated amount as an expense. For example, if you are filing a claim for physiotherapy, you must spell out the number of sessions, dates and cost per session in your form and maintain the bills," says Puneet Oberoi, founder, Finwise Services.

A grey area arises for home care beyond post-hospitalisation or for chronic and critical illness management. Coverage for services such as home ICU set-ups, nursing care or physiotherapy for conditions like Parkinson's or paralysis varies widely by insurer and plan. While most policies include a domiciliary hospitalisation clause, its scope is often restrictive. "A common condition is that the treating doctor must certify that a hospital bed was unavailable, which becomes

the catch," says Thukral. Or, that the patient was not in a position to be moved to hospital.

In recent years, insurers such as HDFC ERGO, Care Health, Niva Bupa and Star Health have started covering home healthcare expenses, either within base policies or as add-on riders for an extra premium. "Some plans now cover home-based treatment up to the sum insured for conditions such as chemotherapy, infectious diseases, peritoneal dialysis and palliative cancer care, along with nursing and doctor visits, provided it is based on doctor's advice, and there is continuous treatment with daily medical monitoring," says Singhal. Offerings and policy terms vary across insurers and products.

"Our policy allows treatment at home when hospitalisation would otherwise be required. However, expenses are covered only if prescribed in writing by the treating medical practitioner and subject to certain conditions," says Anshul Mittal, joint president and appointed actuary, HDFC ERGO. Such treatment—available only via the cashless route—must ordinarily require inpatient care and be admissible under hospitalisation expenses. "Daily validation of patient records by a medical practitioner with investigation reports is mandatory," he adds. Some policies may cover such

expenses only through the cashless route, if services are availed of through empanelled providers, while others may offer reimbursement. Close reading of the exclusions will help avoid disputes later.

CRITICAL ILLNESS, ACCIDENT COVERS

Unlike indemnity-based health covers (which reimburse actual expenses), benefit-based critical illness policies or riders pay a lump sum on diagnosis. These typically cover specified conditions, such as cancer, stroke, liver disease, renal failure and Parkinson's.

"For long-term conditions like Parkinson's, regular outpatient physiotherapy is usually not covered under standard indemnity-based health insurance," says Amarnath Saxena, chief technical officer-commercial, Bajaj General Insurance. In such cases, critical illness plans can act as supplementary covers. "They provide an additional safeguard by offering a lump-sum payout, which can be used to meet expenses such as physiotherapy and other supportive care," he adds. Likewise, personal accident policies, which cover death and disability, as well as injuries due to falls, can also come to your aid for meeting expenses not covered by regular insurance policies.

CREATE A HEALTHCARE FUND

You need to plan well for the healthcare expenses that your health policy does not cover. With healthcare inflation in India estimated at 12-18%, it is best to prepare with a dedicated fund rather than dipping into your savings.

Start setting aside money for this fund as early as you can. Estimate today's potential cost of long-term care, and depending on your lifestyle and the city you reside in, or the one you plan to move to after retirement. "In general, you should plan for minimum expenses of ₹10,000 per month with no upper limit. Factor in inflation of 10-12% and build a corpus to cover at least 5-10 years of such costs. The minimum size must be ₹10 lakh, and it can be higher, depending on your lifestyle and expectations of the quality of care," says financial adviser Pankaj Mathpal, founder, Optima Money.

This should not be treated merely as an emergency fund. The instruments you choose to park your money in should be able to beat inflation. "Keep both stability and growth in mind. A combination of debt funds and some hybrid funds, such as dynamic asset allocation funds and multi-asset funds, can be considered. Also, you should park a part of the healthcare fund in fixed deposits for greater stability and liquidity," he adds.