

# 1 Model

We consider  $i = 1, \dots, I$  patients and  $j = 1, \dots, J$  doctors.

Patients are characterized by the tuple  $(\kappa_i, \gamma_i) \in (\mathbb{R}_0^+)^2$ , their “medical need” and “taste for licenses” respectively, following the ex-ante cumulative distributions  $F(k)$  and  $G(\gamma)$ .

Doctors are described by their “service quality”  $V_j \in \mathbb{R}_0^+$ , following the *ex-post*, empirical distribution  $H(V)$ .

A patient  $i$  visits a doctor for treatment and may be granted a medical license. As such, their utility function –implicitly dependent on his  $(\kappa_i, \gamma_i)$  tuple– is defined piece-wise as follows:

$$U_i(V_j) = \begin{cases} \gamma_i + V_j \kappa_i - \tau & \text{if he's granted a license,} \\ V_j \kappa_i - \tau & \text{if he only visits a doctor,} \\ 0 & \text{if he doesn't see a doctor,} \end{cases}$$

As we see, there's three components to patient utility: a complimentary interaction between the patient's medical need  $\kappa_i$  and the physician's service quality”  $V_j$ , his taste for licenses  $\gamma_i$  in the case he's granted one, and  $\tau$ , the cost of visit, normalized across doctors.