

DEPARTMENT OF ATOMIC ENERGY HOSPITAL, KALPAKKAM 603 102

**INFORMATION BROCHURE ON MEDICAL FACILITIES AVAILABLE FOR RETIRED
EMPLOYEES UNDER CONTRIBUTORY HEALTH SERVICES SCHEME (CHSS) OF DAE
AT KALPAKKAM/CHENNAI**

A) Extension of the Scheme:

Kalpakkam - Retired employees enrolled under CHSS are eligible to get CHSS facilities at Kalpakkam.

Chennai - Retired employees enrolled under CHSS and settled in Chennai are eligible for CHSS facilities at Chennai.

B) Eligibility:

- Retired employees of the Department who have put in a minimum of five years of service in the Department before their retirement and opted for the benefits of the Scheme and members of their families. (Para 2.1.10(i))

- Employees who had already retired from DAE/NPC Units in Kalpakkam/Chennai before introduction of CHSS i.e. those retired before 1.8.1993.(DAE Note No.22/10/92-CHSS/IR&W/189 dated 4.8.1994)

- Employees retired from places of DAE Units where CHSS is not available and settled down in a place where CHSS is available.(Para 2.1.10(vi))

- The benefits of the Scheme will continue to be made available to the members of the families of the retired employees who are covered by the definition of "Family" and covered under the CHSS, i.e. Spouse, dependent parents whose monthly income is less than Rs.9000/- p.m. and unmarried/unemployed children not completed 25 years of age, even after the death of retired employees subject to payment of appropriate contribution and fulfillment of other conditions.

- If life long registration is not done, it is obligatory on the part of the retired employee to revalidate the registration every year after submission of a declaration to the effect that they do not avail medical facility from any other sources. In case, the retired employees do not renew CHSS cards in time, they are not eligible for any medical treatment and reimbursement the non-renewal period. (DAE ID Note No.7/14/98/CHSS-IR&W/165 dated 19.5.1998)

- Employees should pay the contribution in advance for a minimum period of one calendar year and the contribution shall be with reference to the pay drawn by him/her prior to retirement/invalidation. Employee may also have an option to pay one time contribution for ten years to be eligible for life-long registration.

Note: If the Employee joins the Scheme after a gap on retirement, his/her last pay drawn attached to the post held by him, to be revised notionally from time to time and CHSS contribution to be calculated on the basis of pay, that would have been admissible on the date of application for life-time registration, had he/she continued in service (DAE OM No.7/8/2015/IR&W/11378 dated 29.08.2016).

- Retired employees should pay the prescribed CHSS contribution without any break from the date of retirement/registration under CHSS.

- Person who is receiving or is eligible to receive medical aid/facility/cash subsidy, cash allowance or reimbursement for medical care from any source other than this Scheme, shall not be admitted to the Scheme. (Para 4.2)

Addendum to CHSS Rules 1998[DAE Note No.7/14/2022/IR&W/Vol.II/5635 dated 28/04/2023]

Clause 2.1.7 [c]: The option to join the Scheme any time after the death will be available to the family of the employees subject to the payment of one time contribution for life long registration as indicated or arrears of contribution from the date of death.

Clause 2.1.10(iii): Employees who are retiring voluntarily has the option to the join the Scheme any time after the retirement subject to the payment of one time contribution for life long registration as indicated or arrears of contribution from the date of retirement.

Amendment to CHSS Rules 1998 [DAE OM No.7/14/2016/IR&W/6045 dated 08/05/2023]

Clause 4.1.B(b)(i) of CHSS Rules: Children will not be considered as gainfully employed in case of part-time employment, if the same is certified to be so by the employer concerned and the monthly income does not exceed Rs.9000/- +DA/DR thereon respectively.

C) Application for Admission to the Scheme:

Application for registration under CHSS shall be submitted in the prescribed form (Annexure-1) forwarded by the Administration concerned with a stamp-size photo of each beneficiary to the Assistant Personnel Officer (CHSS), DAE Hospital, Kalpakkam 603 102.

In case, an employee retired from DAE Unit outside Kalpakkam/Chennai wishes to avail the CHSS facility at Kalpakkam/Chennai, he/she may submit a filled up application form alongwith a certificate issued by the concerned Unit containing following details or forward the application form through Administration of the Unit in which he/she last served:

1. Name of the retired employee :
2. Designation/Post held at the time of retirement:
3. Unit & Place from which retired:
4. Date of birth:
5. Date of joining in service (in DAE):
6. Date of retirement:
7. Whether presently covered under the CHSS: Yes / No
8. Details of family members eligible for medical facilities at the time of retirement:

Name	Date of birth	Relationship
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9. Details of CHSS contribution paid if any:
 - a) period upto which paid :
 - b) Amount & Rate of contribution :

Retired employees of the Department who opted for the benefits of the Scheme should pay the contribution @ 1% of the basic pay last drawn per month in advance for a minimum period of one calendar year. For LIFE TIME registration, retired employees shall pay one time contribution for ten years even if he/she opts for it at a later date.

Employees retired prior to 1.1.1986, have to pay 2% of last basic pay drawn subject to maximum of Rs.30/- as monthly contribution.

Employees retired after 1.1.86 but before 1.2.98 have to pay 1% of basic pay drawn (pre-revised) subject to maximum of Rs.50/- per month.

Employees retired from 1.2.98 have to pay 1% of basic pay last drawn at the time of retirement.

Employees retired from 1.4.2004 to 31.08.2008 have to pay 1.5% of basic pay last drawn at the time of retirement (basic pay + 50% of DA as pay).

Employees who retired voluntarily with less than 25 years of qualifying service, are eligible for registration under the Scheme provided they pay an enhanced contribution at the rate of three times of the normal rate. However, the voluntarily retired employees with 30 years of qualifying service need to pay contribution at normal rate and those with less than 30 years but more than 25 years of service at double the normal rate. (DAE OM No.1/7/99/IR&W/200 dated 27.7.2000)

Payment towards CHSS contribution should be made by demand draft to be drawn in favour of "Accounts Officer, GSO" payable at State Bank of India or Canara Bank at Kalpakkam. Local Bank Cheque at Kalpakkam is also accepted.

D) Facilities available under CHSS:

i) At Kalpakkam:

All retired employees and their family members possessing valid CHSS cards, are eligible to avail medical facilities at DAE Hospital, Kalpakkam. They are eligible to get reimbursement for the medicines not available in the Hospital and prescribed by the DAE Hospital Doctors. They are eligible to get treatment/investigations at recognised Hospitals/Centres under CHSS based on the referral letters issued for them including treatment under Indian System of Medicines. **(DAE OM No.7/2/2019-IR&W/14337 dated 21.11.2019).**

Retired employees and their family members, who are referred to recognised Hospitals/Centres outside Kalpakkam, will be entitled to claim travelling allowance from Kalpakkam as per rules.

ii) At Chennai:

Retired employees settled down at Chennai may avail medical treatment from one of the Authorised Medical Attendants (AMA) nominated under the CHSS in Chennai. Medicines prescribed by the AMA, should be purchased within 10 days or before the date of completion of treatment as shown in the essentiality certificate whichever is earlier.

AMAs at Chennai are authorised to refer the beneficiaries to the following recognised private Centres/Hospital in addition to Government Hospitals/Centres at Chennai, if required:

1	MEDISCAN SYSTEMS, 197, (Old No.92), Doctor Natesan Road, (Near Chennai City Centre), Mylapore, CHENNAI 600 004 (Ph. 24663232)	Ultra sonogram tests
2	LISTER METROPOLIS HEALTHCARE LIMITED, 3, Jagannathan Road, Nungambakkam, CHENNAI 600 034 (Ph: 42055555)	All investigations
3	NEUBERG EHRLICH LABORATORY PRIVATE LIMITED, 19, Masilamani Road, Royapettah, CHENNAI 600 014 (Ph: 28130514/28130460)	All investigations

A CHSS Clinic is functioning at Room No.G-7, Ground Floor, Main building, The Institute of Mathematical Science (IMSc), C.I.T. Campus, Taramani, Chennai 600 113 on all working days: Tuesday to Saturday (Except Second Saturday) between 10.00 hours and 14.00 hours and patients requiring any advice/consultation for medical treatment (including treatment for major ailments) may approach the Medical Officer for further treatment. (Phone: 044-22543126/22543198).

Reimbursement claims should be submitted in the prescribed form alongwith original bills/essentiality certificates (Form A) etc. duly signed by the AMAs at the CHSS Clinic, Chennai within a month of completion of treatment. Cost of items like toiletries, disinfectants, equivalent to food, appliances and similar items, are not admissible even if prescribed by the AMAs. Referral letter form to be issued by AMAs is available at CHSS Clinic, Chennai.

Treatment for purely aesthetic reasons will not be covered under the CHSS.

iii) Outside Kalpakkam/Chennai:

Retired employees have an option for claiming reimbursement following the pattern of CS(MA) Rules for the in-door medical treatment availed of by them and their family members provided he/she was a member of CHSS at the time of availing treatment. Such reimbursement shall be allowed only for the treatment availed of through the following:

- Government hospitals and medical institutions of the local authorities such as District Hospitals, Medical Colleges, Municipal Hospitals etc.
- Private Hospitals as recognised by the Ministry of Health & Family Welfare, New Delhi
- Hospitals recognised under CGHS

- d) Hospitals recognised by DAE for treatment under CHSS/CS(MA) Rules.
e) Hospitals recognised by the State Governments, other Central Government Departments and Public Sector Undertakings under the control of DAE.

Reimbursement of OPD charges to retired employees who stay outside CHSS area may be made at CGHS rates or actual rate, whichever is less. (DAE O.M.No.7/20/2016/IR&W/3184 dated 08.03.2021)

E) Treatment under medical emergency:

In medical emergencies, beneficiaries under the Scheme may receive, as a concessional measure, medical attendance and treatment from any private medical practitioner or hospital (where the emergency arises) and the reimbursement for such expenditure will be limited as per rules of the CHS Scheme.

For the purpose of this Scheme, the term "emergency" shall mean a situation or contingency when but for the immediate medical aid sought, there would have been, on the basis of the medical and attendant considerations, a serious danger or hazard or severe or deleterious consequence to the health of the patient. The accessibility/ availability or otherwise of the facilities under the Scheme in the context of the severity of medical emergency/ailment at the time of emergency will also be taken into consideration. The opinion of the Medical Superintendent, DAE Hospital shall be final as to what constitutes an emergency treatment, notwithstanding any medical certificate to the contrary produced from a private doctor or hospital.

DAE Hospital, Kalpakkam shall determine whether a claim should be reimbursed or not and also the extent to which the reimbursement should be allowed from the point of view of medical necessity etc., e.g.,

- a) whether it was a case of medical emergency
- b) whether the intimation regarding emergency was given as required
- c) whether the items included in the claim were medically necessary &
- d) whether the charges/prices are reasonable

The treatment when availed under medical emergency should be reported to the DAE Hospital, Kalpakkam within 4 days from the date of commencement of the treatment.

F) Categorization of retired employees under CHSS:

Category	Pay as per Third Pay Commission (upto Dec.1985)	Pay as per Fourth Pay Commission (Jan.1986 to Dec.1995)	Pay as per Fifth Pay Commission (From Jan.1996)
A	Upto Rs.400	Upto Rs.1350	Upto Rs.4590
B	Rs.400 to 800	Rs.1351 to 2360	Rs.4591 to 7999
C	Rs.801 to 1500	Rs.2361 to 3500	Rs.8000 to 11500
D	Rs.1501 & above	Rs.3501 & above	Rs.11501 & above

DAE vide their Note No.7/8/2009-IR&W dated 26.03.2010 have reclassified the entitlement of Hospital accommodation at Panel Hospitals recognized under CHSS as follows:

S.No.	Category of Employees (as per revised pay w.e.f. 01.01.2006)	Equivalent for employees retired prior to 01.01.2006	Class of Accommodation
1.	Employees drawing pay in the pay band of less than Rs.15000/- per month or the equivalent pay in the pre-revised scale (Grade pay not to be included)	Employees retired with basic pay in the pre-revised scale below Rs.8000/- per month (Upto Rs.2360/- for employees retired prior to 01.01.1996 and upto Rs.800/- for employees retired prior to 01.01.1986)	Four beds in a room with common toilet/bathroom
2.	Employees drawing pay in the pay band of Rs.15000/- and above but below Rs.67000/-	Employees retired with basic pay in the pre-revised scale of Rs.8000/- and above per month (Rs.2361/-	Two beds in a room with attached toilet/ bathroom

	per month or the equivalent pay in the pre-revised scale (Grade pay not to be included)	and above for employees retired prior to 01.01.1996 and Rs.801/- and above for employees retired prior to 01.01.1986)	
3.	Employees drawing pay in the pay band Rs.67000/- per month and above or equivalent pay in the pre-revised scale (Newly approved bed class)	Scientific Officers (OS) and above	Single bed AC accommodation as per availability in the referral hospital with attached toilet/ bathroom

DAE vide O.M. dated 21.07.2017, have revised the classification of entitlement of hospital accommodation for serving employees under CHS Scheme as follows:

No.	Category of employees according to pay range (as per 7 CPC pay)	Class of Accommodation
1.	Pay less than Rs.52,000/-	4 beds in a room with common toilet/bathroom (equivalent General Ward)
2.	Pay Rs.52,000/- and above but below Rs.1,72,000/-	2 beds in a room with attached toilet/bathroom (equivalent sharing room non A/c)
3.	Pay of Rs.1,72,000/- and above	Single bed AC accommodation as per availability in the referral hospital with attached toilet/bathroom

As per the DAE OM No.7/16/2016/IR&W/4909 dated 13/04/2023, the classification of entitlement of Hospital accommodation (for in-patient treatment) for serving/retired employees has been revised as follows:

S.No.	Category of employees according to level	Class of accommodation
1	Upto Level 8	4 beds in a room with common toilet/bathroom
2	Level 9 to Level 14	2 beds in a room with attached toilet/bathroom
3	Level 15 and above	Single bed AC accommodation as per availability in the referral hospital with attached toilet/ bathroom

The pay (level) of retired employees prior to 7th CPC may be calculated as per concordance table.

Note:

Level upto 8 : Work Asst; T/A to T/H; LDC/UDC/Sr.Clerk/AA/Asst./APO/AAO; SA/B to SA/D; FM/A, FM/B; Nurse/A, Nurse/B; DM/A to DM/D; SO/SB; TO/B; Other equivalent grades;

Level 9 to Level 14 grades: SO/C to SO/H or TO/C to TO/H; AO-II & above; SA/D1 & above; D/D1 and above; FM/B1 & above; Deputy Manager & above; Nurse/C & above; Other equivalent grades;

Level 15 and above : OS & DS and other equivalent grades;

G) Annual Declaration:

For children above 18 years and parents issued with CHSS cards, an annual declaration of their dependency should be submitted to the CHSS Office, DAE Hospital, Kalpakkam 603 102 in January every year for renewing their CHSS cards. Unemployed and unmarried children are eligible for CHSS facility upto 25 years of age only. Mentally retarded/physically handicapped children shall be eligible for the benefits till such a time they are dependent on prime beneficiaries, provided that the disability exceeds 40%.

Note: i) Children upto 25 years of age are eligible for availing of CHSS facility subject to dependency/submission of Income Tax return acknowledgement copy etc.

ii) Parents (Parent-In-laws in case of female employees) of the prime beneficiary who are wholly dependent on the prime beneficiary and normally residing with the prime beneficiary and further provided the monthly income of both the parents from all sources does not exceed Rs.9000/- plus the amount of Dearness Relief (DR) as on the date of consideration. For the purpose, Income Tax return acknowledgement copy separately for each parent is to be furnished.

iii) For the purpose of I.T. return filing, CHSS beneficiaries are requested to visit the I.T. Department Web Site before due date (preferably before July 31st) for obtaining I.T. return acknowledgement copy (for dependant parents/(parent-in-laws of female employees)/children so as to submit it along with prescribed "Declaration Form" every year to the CHSS Office, DAE Hospital, Kalpakkam 603102. While filing I.T. return, income from all sources including interest from Deposits/Pension etc. are to be considered for determining of total income.

H) Contact Phone Numbers:

Medical Superintendent, DAE Hospital, Kalpakkam	(044) 27481228
CHSS Office, DAE Hospital, Kalpakkam	(044) 27488228
CHSS Clinic, Institute of Mathematical Sciences (IMSc), Taramani, Chennai 600 113	(044) 22543198/ 22543126

E-mail id: casualtykts@igcar.gov.in;

All correspondences relating to CHSS should be sent to:

Assistant Personnel Officer,
CHSS Office, DAE Hospital, Kalpakkam 603 102.
(E-mail: hospchss@igcar.gov.in)

All claims should be submitted alongwith a Pre-receipt (as per the format given below):

Pre-Receipt

Received an amount of Rs. _____ (Rupees _____) from Pay & Accounts Officer, _____ towards medical reimbursement claim.

Phone No.: _____

*Signature: _____

Address to which payment is to be sent:

Name : _____

Bank Account No.: _____ IFSC code: _____

Full address : _____

_____ Place: _____ Pincode: _____

APPLICATION FORM FOR REGISTRATION UNDER CHSS BY RETIRED EMPLOYEES

1. Name of the applicant: _____ 2. Sex: M / F
(in CAPITAL LETTERS)
3. Post last held: _____ 4. ICNo.: _____ 5. Unit: _____
6. Scale of pay of the post : Rs. _____; Pay Level: _____
7. Basic pay last drawn : Rs. _____ Grade Pay: Rs. _____ (if applicable)
8. Date of initial appointment in DAE/ _____: _____
9. Date of retirement: _____ Superannuation/V.R.
10. Whether covered under CHSS at the time of retirement: Yes / No
If yes, CHSS card No.: _____ Place: _____
11. Address: Present _____ For correspondence: _____

Pincode: _____
Phone No. _____ Pincode: _____
12. Amount of pension received: Rs. _____
Name of pension disbursing bank: _____
Place: _____ Pincode: _____
Account No.: _____

I have read the instructions on the overleaf. I fulfill the conditions prescribed for registration and request that the benefits of the Contributory Health Services Scheme of DAE at Kalpakkam/Chennai may be extended to me and to the following family member(s):

Name (CAPITAL letters)	Relation ship	Date of birth	Occupation & Income	Blood Group	Aadhaar

- A) I hereby certify that:
- i) I am/am not engaged in any trade/business/profession. I am/am not also employed either under Government or private;
 - ii) my family member(s) indicated above fulfill the conditions prescribed for registration under CHSS.
 - iii) myself or my family member(s) is not getting any medical assistance/allowance from any source.
- B) I hereby undertake to pay my contributions as per CHSS.
- C) I understand that my family member(s) and myself can avail medical facilities only as admissible under CHSS.

Date: _____ Signature _____

(Note: A stamp-size photo is to be produced with this form)

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(To be forwarded through respective Administration)

The information furnished at S.No.1 to 12 are verified and found to be correct.

Date: _____ Signature _____
(seal)

To
CHSS OFFICE, DAE Hospital, Kalpakkam 603 102.

CONDITIONS FOR REGISTRATION OF RETIRED EMPLOYEES UNDER CHSS

The concessions under the Contributory Health Services Scheme shall be admissible to retired employees of DAE/NPCIL Units from the places where CHSS is already operation or persons who had already retired from DAE/NPC Units in Kalpakkam/Chennai subject to the following conditions:

1. The retired employee should have put in a minimum 5 years service in the Department before his/her retirement.
2. For persons who had retired before 1.8.1993 at Kalpakkam/Chennai, the contribution will be recovered w.e.f. 1.8.1993. In case of others, the contribution will be recovered from the following month of retirement.
3. For persons who had retired outside Kalpakkam/Chennai where CHSS is in operation, the contribution will be recovered from the following month of retirement.
4. The retired employee may settle down anywhere in India after retirement, but treatment can be availed as per CHSS.
5. Retired employees of the Department who opt for the benefits of the Scheme should pay the contribution in advance for a minimum period of one calendar year and the contribution shall be with reference to the pay drawn by him/her prior to retirement/ invalidation. Employees may also have an option to pay one time contribution for ten years to be eligible for life long registration.
6. Employees who are retiring voluntarily will be eligible for continuing registration under the Scheme provided they pay an enhanced contribution at the rate of three times of normal rate of contribution. However, the retired employees with 30 years of qualifying service need pay contribution at normal rate and those with less than this but with 25 years of such service at double the normal rate.(DAE OM No.1/7/99/IR&W/2000 dated 27.7.2000).
7. Those employees retired from places where CHSS is not available and settled down in a place where CHSS is available may also become members of the Scheme.
8. If life long registration is not done, it is obligatory on the part of the retired employees to revalidate the registration every year after filling in a declaration form to the effect that they do not avail of medical facilities from any other sources. [Note:If the Employee joins the Scheme after a gap on retirement, his/her last pay drawn attached to the post held by him, to be revised notionally from time to time and CHSS contribution to be calculated on the basis of pay, that would have been admissible on the date of application for life-time registration, had he/she continued in service (DAE OM No.7/8/2015/IR&W/11378 dated 29.08.2016)].
9. No person who is receiving or is eligible to receive medical aid/ facility/cash subsidy, cash allowance or reimbursement for medical care from any source other than this Scheme, shall be admitted to the Scheme without the explicit permission and subject to such restrictions as may be imposed by CHSS.
10. The basic pay last drawn by the retired employee will be basis for determining entitlement under CHSS wherever required.
11. The benefits of the Scheme will continue to be made available to the family member(s) of the retired employees who is/are covered by the definition of "family" in the Family Pension Rules even after their death subject to payment of appropriate contribution and fulfillment of other conditions.

(NOTE: CHSS contribution shall be paid by a demand draft/Banker's cheque drawn in favour of "Accounts Officer, GSO" payable at Kalpakkam SBI/Canara Bank.

APPLICATION FOR EXTENSION OF CHSS FACILITIES AT KALPAKKAM TO THE FAMILY OF DECEASED EMPLOYEE

1. Name of Applicant (CAPITAL LETTERS)			
2. Relationship to deceased employee			
3. Name of deceased employee/CHSS NO.			
4. Designation		5. ICNO.	
6. Section		7. Unit	
8. Basic pay last drawn	Pay:Rs. Grade Pay:Rs.	9. Date of joining in DAE	
10. Date of death of employee		11. Whether the family covered under CHSS?	
12.a) Present address		b) Address for correspondence:	
Pincode:		Pincode:	
Phone No.		Phone No.	
13. Period upto which medical facility is required to the family			
14. Reason for requesting extension of CHSS medical facilities			
15. Whether getting medical facilities from any other source or allowance if any?			

16. List of family members covered under CHSS and requiring medical facilities now:

S.No.	Name (CAPITAL LETTERS)	Relationship to deceased employee	Date of birth	Aadhaar	Blood group

I will abide to the terms and conditions of the CHSS at Kalpakkam and also agree to pay required contribution as per the CHSS.

Date:

Signature: _____

(To be forwarded through respective Administrative Office)

It is certified that the details given above were verified and found correct. It is also certified that late _____ has completed one year service on the date of death and the last basic pay drawn was Rs. _____.
Equivalent pay as per 7 CPC is _____

Date:

Signature:
(seal)

**APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
TOWARDS OUT-PATIENT CONSULTATION UNDER ALLOPATHIC SYSTEM OF MEDICINES**
(Applicable for all CHSS beneficiaries including retired)

1 a.	Name of the Applicant (Capital Letters)				
b.	CHSS Card No.				
c.	Card Valid upto				
2 a.	Employment Details: Employee's name / Designation				
b.	ICNo./Employee Number				
c.	Unit / Place				
3.	Residential Address		Phone No.		
4 a.	Name of the Patient				
b.	Date of birth / Age				
c.	Relationship to employee				
d.	CHSS Card No.				
e.	Card Validity				
f.	Place at which patient fell ill				
5 a	Name of AMA / Doctor consulted				
b.	Number of consultation				
c.	Date(s) of consultation				
d.	Fees paid for consultation	Rs.			
6.	Details of bills enclosed and Medicines purchased :-				
S. No.	Bill No.	Date	Name of the Medicine/Test	Qty.	Amount Rs. P.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11			Consultation fees paid if any		
TOTAL AMOUNT CLAIMED					Rs.
List of Enclosures		Cash Bill(s)	<input checked="" type="checkbox"/>	Certificate 'A'	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>	Prescription	<input checked="" type="checkbox"/>

Note: Incomplete application shall not be considered. A copy of 'Drug Card' is to be attached for regular medicines reimbursement

DECLARATION TO BE SIGNED BY THE CLAIMANT

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that person to whom medical expenses were incurred is wholly dependent upon me.

Date :

Signature of the Claimant _____

To

APD(CHSS), DAE Hospital, Kalpakkam 603102 / DAE Clinic, Chennai

ESSENTIALITY CERTIFICATE 'A'

(To be furnished in the case of out-patient treatment availed)

Certificate granted to _____

CHSS Card No. _____

I, Dr. _____ hereby certify:-

- a. that I charged and received Rs. _____ for _____ consultation(s) on _____ [date(s) to be given] at my consulting room/ Clinic/Hospital/at the residence of the patient
- b. that the above mentioned patient was under my treatment and medicine(s) prescribed by me were essential for recovery of the patient. The medicines prescribed to the patient do not include any proprietary preparations for which cheaper substitutes are available or which are not primarily food / toiletry / cosmetic /disinfectant items.
- c. that the patient is / was suffering from _____ and is / was under my treatment from _____ to _____ .

S.No.	Bill Number	Bill Date	Amount claimed	Details(Medicines/Tests)

Date:

Signature of Doctor _____

Name: (Dr. _____)

Clinic address:

[Reg. No. _____] & Seal

PRE – RECEIPT

Received an amount of Rs. _____/- from Pay & Accounts Officer, _____ towards Medical Reimbursement claim charges.

Signature _____
(Name: _____)

PAYMENT TO BE MADE AS PER THE BANK DETAILS GIVEN BELOW:-

NAME OF ACCOUNT HOLDER : _____

BANK ACCOUNT No. : _____

NAME OF THE BANK : _____

IFS Code & Place : _____

LES FORM
APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
(Medical emergency case)

1. Applicant's name: _____ ICNo.: _____
Designation: _____ Section: _____ Unit: _____ Ph.No.: _____
Pay:Rs. _____ Address: _____

2. Whether a member of CHSS ? : Yes / No

3. Name of the patient: _____ CHSS No.: _____
(Please furnish a copy of card)
Relationship to employee: _____ Date of birth: _____

4. Reasons for not availing CHSS facility: _____

5. Date & place of occurrence of : _____
medical emergency

6. Whether reported to CHSS Office
within 4 days, if so to whom? : _____
(If this was not done, please
state the reasons)

7. Nature of treatment availed of : In-patient / Out-patient

8. Name of the Hospital & address : _____
or name/qualification/address
of the Doctor from whom
treatment availed of _____
Place: _____ PINCODE: _____

9. Details of expenses incurred:

a.Period of treatment	: From _____ To _____
b.Bed charges	: _____ No. of days: _____
c.Consultation charges	: _____ No. of times: _____
d.Medicines/injections charges	: _____
e.Inj. administering charges	: _____ No. of inj.: _____
f.Lab investigation charges	: _____ No. of inv.: _____
g.X-ray charges	: _____ No. of films: _____
h.Operation charges (if any)	: _____
i.Dressing/Suturing charges	: _____
j.Other charges (if any) with details	: _____

Total : Rs. _____

Date: _____ Signature of the applicant

NOTE: Original bills/prescriptions should be enclosed with this claim

Encl.:

Treatment availed from _____ :
(Name of the Hospital & address or
Name/qualification/address of the Doctor)

CERTIFICATE

Certified that _____ was treated in a
medical emergency during the period from _____ to _____ for
(illness) _____ and the
clinical findings are _____. In my/our
opinion but for the immediate medical aid given, there would have been, on
the basis of medical and attendant consideration, a serious danger/hazard or
severe or deleterious consequences to the health of the above patient. The
treatment charges are as follows:

Amount
Rs. P.

a. Stay/Bed/Room charges for ____ days : _____ From _____ to _____
@ Rs. _____ per day

b. Operation charges (if any) : _____

c. Consultation/Professional charges : _____ No. of times: _____
Datewise consultation fees paid
Date Fees

d. Lab investigation charges : _____ No. of tests: _____

e. X-ray charges : _____ No. of X-rays: _____

f. Other investigation charges (if any)
with details:

g. Dressing/Suturing charges : _____ No. of dressing: _____

h. Details of medicines/injections given:
Bill No. Date Amount

i. Injection administering charges : _____ No. of inj.: _____

j. Other charges (if any) with details :

Total

Rs.

Date:

Signature of the Doctor
(Seal)

APPLICATION FORM FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
(referral cases)

1.a.Name of the Employee: _____

(CAPITAL LETTERS)

b.Designation: _____ c.ICNo.: _____ d.Section: _____

e.Unit: _____ f.Ph.No.: _____ g.Basic pay:Rs. _____

h.Residential address: _____

i.Whether spouse is also working ? : Yes / No

If yes, Name:

Designation:

Pay:Rs.

ICNo.:

Dept./Unit:

2.a.Name of the patient: _____

b.Age: _____ c.Medical card No.: _____ d.Relationship: _____
to employee

3.a.Name of the Hospital/Centre/Lab/ : _____
Specialist and address to which
the patient referred for _____

* b.Referral letter dated : _____

c.Nature of treatment / period : _____

4. If this claim is for reimbursement of expenses like spectacles/orthopaedic appliances etc., indicate whether any reimbursement obtained earlier ? : Yes / No
If yes, a.Name of the item purchased :
b.Date of purchase: c.Amount reimbursed:Rs.

5. Details of the bill(s) enclosed with the claim:

S.No. Bill No. Date Amount Particulars

6. Total amount : Rs.

7. Advance drawn, if any : Rs.

8. Advance amount refunded, if any : Rs.

9. Balance amount claimed : Rs.

Date:

Signature _____

(*NOTE: A copy of referral letter is to be enclosed with this claim)

To

CHSS OFFICE, DAE Hospital, Kalpakkam 603 102.

APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
(Consultation at Kalpakkam/Anupuram Hospitals)

1. Name of employee: _____ 2.ICNo.: _____
(Capital letters)
3. Designation: _____ 4.Section: _____ 5.Ph.No. _____ 6.Unit: _____
7. Address: _____
8. Name of the patient: _____ 9.CHSS No.: _____
(Capital letters)
10. Relationship to employee: _____ 11.Date of birth & age: _____ & _____
12. Validity date of medical card: _____
(In case of retired/deceased employee family/parents/children above 18 years of age)

13. Name of the Doctor consulted: Dr. _____

14. Treatment taken for: _____ 15.Date of prescription : _____

16. Details of bill(s) enclosed and medicine(s) purchased:

S. No.	Bill No.	Date	Name of medicine (in capital letters)	Qty.	Amount

17. Medicines purchased from (name of the Pharmacy): _____

Registration Number: _____ Place: _____

Date: _____ Signature: _____
Encl.: Original prescription; Original bill(s) Name: (_____)

S.No.: _____ (DAE HOSPITAL USE) Date: _____

I, Dr. _____ hereby certify that the above mentioned patient was under my treatment and the medicine(s) prescribed by me as indicated above was/were essential for recovery of the patient. The medicine(s) was/were not available in the DAE Hospital on the date of prescription issued and do not include proprietary preparations for which cheaper substitutes are available and which are not primarily food supplementary/toiletry/cosmetic/disinfectant items.

The patient was suffering from _____.

Rs. _____

Date: _____ Signature of Medical Officer _____ Medical Superintendent
(If amount exceeds Rs.1500/-)

To
Accounts Officer, _____

(For use in Accounts Section)

Passed for payment of Rs. _____ through salary for the month of _____.

Contributory Health Service Scheme (CHSS), Department of Atomic Energy, Kalpakkam 603102

REFERENCE LETTER

(To be used for CHSS beneficiary by the Authorized Medical Attendant (AMA) nominated under CHSS)
(indicate name & address of center)

To _____

Date: _____

Sir,

I am herewith referring a case whose details are given below:

Name of patient : _____ Sex: M / F Age: ____ years;

CHSS card No. _____ Validity of card: _____ Relationship to employee: _____

Address: _____

Name of employee: _____ Designation: _____

Pay:Rs. _____ ICNo. _____ Unit: _____ Phone: _____

Brief case history / findings	Referred for

The bill for the treatment/tests along with details quoting the patient's name, CHSS card Number, employee's name and Unit may please be sent to the Medical Superintendent, Department of Atomic Energy Hospital, Kalpakkam 603102 for arranging payment.

Thanking you,

Yours faithfully,

AMA's name: Dr. _____

Registration No. _____

Clinic address: _____

Signature (with date)
AMA seal

Phone number: _____

NOTE to centers: Letter without required details need not be accepted. Enclose a copy of this reference letter and a copy of CHSS card of the patient with the bill without fail.

Centers recognized for issuing of referral letter:

1	LISTER METROPOLIS HEALTHCARE LIMITED, 3, Jagannathan Road, Nungambakkam, CHENNAI 600 034 (Ph: 42055555)	All investigations
2	NEUBERG EHRLICH LABORATORY PRIVATE LIMITED, 19, Masilamani Road, Royapettah, CHENNAI 600 014 (Ph: 28130514/28130460)	All investigations
3	MEDISCAN SYSTEMS, 197, (Old No.92), Doctor Natesan Road, (Near Chennai City Centre), Mylapore, CHENNAI 600 004 (Ph. 24663232)	Ultra sonogram tests

**List of Authorized Medical Attendants available under CHSS
(allopathic system of medicine) as on 30/06/2023**

S.No	Name of AMA/Reg.No. (Dr.)	Clinic address and Phone number	Area	Clinic Timings
1	CHANDRALEKHA.K, MD, DCH, 23756 (EX-PROF.,TNMS)	36/16, Kamaraj Salai (9884135378)	Virugambakkam Chennai 600 092	09.30 to 12.00 18.00 to 20.30
2	SHANMUGAM.A.N, MBBS 32704	28/92,Thiruvalluvarpuram 1 st Street (9940065566)	Choolaimedu Chennai 600 094	19.00 to 22.00
3	CHANDRAMOULEESWARAN.V MD, 41329 (PROF.,MMC)	Plot No.4, Lakshmi Nagar 6 th Street Extension (22245155)	Nanganallur Chennai 600 061	18.00 to 22.00 Sunday holiday
4	SURESH KUMAR.M.V, MBBS, DCH, 54684	10, Appu First Street (24958337)	Mylapore Chennai 600 004	10.00 to 12.00 18.00 to 20.00
5	CHANDRA SEKHAR.M, MD, DA, 36926 (RET. TNMS)	127/2, McNichols Road (28363034)	Chetpet Chennai 600 031	18.00 to 22.00 10.00 to 13.00(S)
6	RADHA RAJAGOPAL, MBBS 31701	New No.170, Canal Bank Road, Kasthuriba Nagar (9840755517)	Adyar Chennai 600 020	Mon to Friday 11.00 to 13.00
7	ALAMELU.V, MS, MCH 26143	23, Ramakrishnan Street (22263355)	West Tambaram Chennai 600 045	10.00 to 13.00 16.00 to 21.00
8	ARAVIND.A, MD, DM 46847 (PROF., KMCH)	Viswas Flats, EII, Pillaiar Koil Street, Nesapakkam (24741320)	West KK Nagar Chennai 600 078	18.30 to 21.00
9	CHITRALEKHA SAIKUMAR, MD, 35773	Sai Poly Clinic, No.2/39, Chetty Street (9840065789)	Saidapet Chennai 600 015	
10	JEGATHEESAN.T, MD, DCH, 24751 (RET.TN MS)	52, Khana Bagh Street (28525759 / 98407 68792)	Triplicane Chennai 600 005	08.00 to 12.00 16.00 to 22.00
11	VELMARIAPPAN.E, MD, DM, 58700 (AP, CMCH)	4, Iyans Enclave, Madambakkam Main Road (9486212791)	Selaiyur Chennai 600 073	17.00 to 22.00
12	SHARADHA.P, MBBS, DA 24231 (Ret. TNMS)	9, Vedandham Colony,Tambaram Sanatorium (9444163305)	Tambaram Chennai 600 047	18.30 to 20.30
13	KUBERAN.K, MS(GS) 40808 (Ret. TNMS)	36/49, East Mada Street (24412726)	Thiruvanmiyur Chennai 600 041	18.00 to 21.00
14	GEETHALAKSHMI.A, DGO, DNB, 44428 (AP,GKGH)	36/49, East Mada Street (24412726)	Thiruvanmiyur Chennai 600 041	18.00 to 21.00
15	ANBARASAN.V.T, MBBS, DTRD, 33411	5/9, Bharathi Road (25517718)	Perambur Chennai 600011	10.00 to 12.00 18.00 to 21.00
16	PADMINI.V, MBBS, FCCP 32532	6A, 3rd Street, Shanthi Nagar (9884162161)	Adambakkam Chennai 600088	14.00 to 21.00
17	SARAVANAN.B, MDS, (Dental), 742 (Ret. TNMS)	35/2 (17), Bharathi Salai (Dental Clinic) (9840068168)	Triplicane Chennai 600005	09.30 to 12.30 17.30 to 21.00
18	BALASUBRAMANIAN.T.N, MBBS, DPH, 22340,	No.23, Peeliamman Koil Street (9840527397)	Taramani, Chennai 600113	09.30 to 12.00 18.30 to 21.30
19	KASI VISWANATHAN.C, MBBS, 24591	No.74, Hindu Colony, M.G.R. Road (22246639)	Nanganallur, Chennai 600061	18.30 to 21.00
20	GOVINDAN.L , MBBS, DCH, Ex-Civil Surgeon(TN), 23332	4, Manimegalai Street, Gandhi Nagar, Oragadam (9443404568)	Ambattur, Chennai 600053	13.00 to 15.30 20.30 to 22.30
21	VANITHA.S, MD, 87551	Prime Family Clinic; No. 94-95, 2nd Floor, Model School Road, Kumaraswamy Nagar(8508346666)	Sholinganallur, Chennai 600119	10.30 to 12.30 18.00 to 19.00
22	JEEVA SEMMALAR.S, MBBS, 86039	'Semmalar Clinic', No.1, JP Gardens-Ground floor, Plot No.4 & 5, Ashtalakshmi Avenue Main Road (8939520203)	Pallikaranai, Chennai 600100	08.30 to 10.30 18.00 to 20.30
23	NISHA NANOTH PATHYAN MBBS, DGO, 63656	'Vijaya Women's Clinic', G-07, India Bulls Green, V.G. Prabhu Nagar (8122431169)	Perumbakkam, Chennai 600100	10.00 to 12.00 17.00 to 19.30 (Mon. to Sat.)
	Part-time Consultant			
24	AMALA FLORIDA.P, Diabetologist	DAE Clinic, IMSc, CIT Campus	Tharamani Chennai 600113	Tuesday / Thursday 14.00 to 16.00

CIRCULAR No.170/CHSS/HOSP

Sub: Declaration for availing CHSS medical facilities for the year 2023

- Ref: 1. DAE Note No.VIG-10/10/2020-DAE/Vol.II/15019 dated 14.12.2021
2. DAE Circular No.201(12)/17/2020/IR&W/Vol.II/1062 dated 21.01.2022
3. DAE Note No.VIG-10/10/2020-DAE/2617 dated 22.02.2022
4. DAE OM No.201/127/17/2020/IR&W/Vol.II/1062/5197 dated 20.04.2022
5. DAE OM No.201/127/17/2020/IR&W/Vol.II/7714 dated 10.06.2022

As per Para 4.2.1 of CHSS, a declaration regarding income/residence of parents (parent-in-laws in case of female employees) and also residence/dependence of eligible children (above 18 years of age and upto 25 years of age only) who are covered under the CHSS, is to be furnished by all employees concerned for continuation of medical facilities to them during the year **2023**. In this connection, the following points may please be noted:

1. Income of dependent parents (of both) or parent-in-laws (in case of female employees only) **should not exceed Rs.9000/- p.m.** from **all sources including Pension** (before commutation) plus the amount of Dearness Relief (DR) as on the date of consideration. [Pensioners (Parents/In-laws) who are drawing basic pension above Rs.9000/- after the implementation of the 7th CPC recommendations are not eligible for continuation of CHSS facility-DAE OM No.7/14/2016/IR&W/17165 dated 28.12.2016 may please be referred]. **A copy of IT Return** (Assessment year:2022-2023) **acknowledgement filed is to be furnished**. However, in exceptional cases, where submission of Acknowledgement of IT Returns is not possible due to procedural difficulties, employees may furnish a Self Declaration in the enclosed format for continuing/extending fresh CHSS facilities to such dependents. Employees are advised to submit Self Declaration only in unavoidable circumstances where filing of IT Return is not practical. (DAE OM No.201/127/17/2020/IR&W/Vol.II/7714 dated 10.06.2022).
2. Children (upto 25 years of age) who are unmarried/unemployed are only eligible for CHSS facility and those who are working in private sector/business are not eligible for CHSS facility. In case of part-time employment, their income **should not exceed Rs.6000/- p.m.** (as per DAE OM dated 28.12.2016). A copy of the income tax return of the previous year (Assessment year:2022-2023) in respect of dependent wards who are 22 years and beyond, is to be furnished every year for confirmation of income details. However, if the ward is a student attending regular classes in a college and is not pursuing distance education or correspondence course, then, **an appropriate document issued by the bonafide/recognized institute** indicating that the dependent ward is pursuing education attending regular classes, **can be submitted in lieu of the income tax return**, apart from a declaration by the employee regarding the ward's income, for availing CHSS facility (DAE Note No.VIG-10/10/2020-DAE/2617 dated 22.02.2022). CHSS facility to children beyond 25 years of age due to medical reasons like physically handicapped/mentally retarded etc. is extended with the approval of DAE subject to fulfillment of conditions.

In case of failure to renew the medical card, such CHSS beneficiary is not eligible for availing of any CHSS facility. Medical cards of CHSS beneficiaries who are ineligible now (due to death / crossing of income ceiling limit, age limit of children/employment/marriage etc.) should be surrendered without fail.

Accordingly, employees concerned are requested to submit a declaration as per the format given below on or before **31.01.2023** to the CHSS OFFICE, DAE HOSPITAL, KALPAKKAM 603 102 and renew the CHSS cards including new RFID cards issued to the CHSS beneficiary before due date.

Note:Blank format attached


(B.R. Ramji)
Assistant Personnel Officer

NOTICE BOARDS (IGCAR/MAPS/GSO/BARC FACILITIES/BHAVINI/PRP/CISF/AECS/KVS) &
Circulation through E-mail.

Copy to: Administrative Officer, IGCAR/MAPS/GSO/BARCF/BHAVINI/PRP/DPS/IMSc
Principal, AECS-I/AECS-II/KV-I/KV-II; Commandant, CISF, Kalpakkam/BHAVINI

DECLARATION FOR CONTINUATION OF MEDICAL FACILITIES (Format)

YEAR : _____ **CHSS Medical file No.:** _____ **Unit:** _____

1. Name of the employee (CAPITAL LETTERS): _____

2. Designation: _____ **3.ICNo.:** _____ **4.Section:** _____ **5.Ph.No.:** _____

6. Address:

7. Details of children above 18 years of age/parents (or parent-in-laws in case of female employees only)/spouses working outside DAE requiring continuation of medical facility:

Medical Card Number	Name of the beneficiary	Relationship to employee	Date of birth	*Income & medical allowance/assistance p.m. if any	IT Return filed date (copy attached)

Date: _____ **Signature of the employee** _____

***Note: Indicate income from all sources including total pension amount/savings if any.**

For children, indicate course of study if any.

Action including cancellation of CHSS card(s) will be taken against official concerned in case of suppression of facts or submission of false information in the declaration

(To be forwarded through Administration)

Date: _____ **Signature with Seal** _____

To
Assistant Personnel Officer (CHSS)
DAE Hospital, Kalpakkam 603102

CIRCULAR No.172/CHSS/HOSP

Sub: Availing of out-patient treatment by CHSS beneficiaries at Chennai

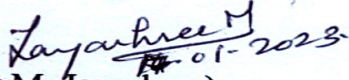
As per the Circular No.148 dated 19/02/2021, CHSS beneficiaries at Chennai are allowed to obtain medicines based on the prescriptions issued to them on CREDIT BASIS through the Outsourced Pharmacy at the Institute of Mathematical Science (IMSc) Clinic, Taramani, Chennai with effect from 01/02/2021. As the two years contract period of the Pharmacy will be completed by 31/01/2023, the supply of medicines through the Pharmacy will not available from **01/02/2023** onwards.

In this regard, the following points are brought to the notice of CHSS beneficiaries at Chennai for information and guidance for availing medical treatment under CHSS:

- 1) Medicines will be issued to the beneficiaries based on the prescription issued by Medical Officer, IMSc Clinic, Chennai/Authorized Medical Attendants (AMA) at Chennai and on submission of prescribed application form to the Outsourced Pharmacy located at IMSc Clinic on credit basis upto **31/01/2023**. CHSS beneficiaries wish to purchase medicines from other authorized Pharmacies (Medical Shops) based on the prescriptions issued to them are also allowed to purchase them directly during January 2023.
- 2) From **01/02/2023**, medicines should be purchased by the CHSS beneficiaries from any authorized Pharmacy and submit reimbursement claims with original prescriptions/ bills/Essentiality certificate etc. Medicines purchased from unapproved Medical Shops without valid Licence number, GST number etc. will not be considered for reimbursement.
- 3) Representations have been received from retired CHSS beneficiaries in Chennai expressing their difficulties to consult AMAs nominated under CHSS on holidays/after Clinic hours/long distance from residences etc. Recently, three Corporations have been created in Chennai area viz. i) Greater Chennai Corporation; ii) Avadi City Municipal Corporation; iii) Tambaram City Municipal Corporation and adjacent areas in Kancheepuram/Chengalpattu/ Tiruvallur Districts were included under the Corporations limitations. As difficulties are faced to identify new AMAs to cope up the needs of CHSS beneficiaries residing at various places in Chennai, as allowed to CHSS beneficiaries residing outside Kalpakkam/Anupuram Townships, Chennai CHSS beneficiaries may also consult any Doctors under Allopathic System of Medicines for out-patient treatment and submit reimbursement claims along with original prescriptions/bills/Essentiality Certificate etc. As per the DAE O.M. No. 7/20/2016/IR&W dated 18.03.2021 and as informed vide CHSS Circular No.150 dated 26/03/2021, such claims will be regulated as per the CGHS Chennai rates or actual whichever is less including charges for consultation fees and investigations/tests (Non-NABL/Non-NABH) taken based on the advice of the concerned Doctor directly.
- 4) CHSS beneficiaries taking regular medicines are required to produce a copy of "Drug Card" issued to them after entering of the month for which medicines are purchased (by Doctor/ Self) and submit it along with reimbursement claims without fail. **Medicines as indicated in the Drug Card only will be allowed for reimbursement.** Necessary entries will be made in the medical file of the concerned CHSS beneficiaries available in the IMSc Clinic.
- 5) In regard to the prescription issued for supplying of medicines, it must contain full details of the Doctor like Name, Registration Number, Clinic address, phone number, date of prescription issued, patient's name, CHSS number, diagnosis etc. with signature.

- 6) Medicines are to be prescribed in "generic names" only by the Doctors. Items like food supplements, cosmetic items, disinfectants, appliances, devices, thermometer, glucose strips, gloves, masks etc. are not admissible for reimbursement even if prescribed and purchased by the beneficiaries. Vaccines/Immunisations will be allowed for reimbursement as admissible as per the Government guidelines/orders only.
- 7) Costly medicines/injections (cost exceeding Rs.15000/- per item) /special injections etc shall be purchased with prior approval of Medical Superintendent, DAE Hospital, Kalpakkam or through Medical Officer, IMSc Clinic, Taramani, Chennai.
- 8) Prescribed medicines should be obtained within 10 days from the date of prescription issued from the Doctors. Medicines shall be obtained for a period not exceeding **three months** only in case of regular medicines based on the prescription issued to the CHSS beneficiaries.
- 9) In case of medicines/items purchased by the CHSS beneficiary is found as in-admissible/excess quantity/different medicine/item not included in the prescription etc. at the time of scrutiny of the bills, the cost of such items will be reduced from the bill amount reimbursable.
- 10) Few Pharmacies (Medical Shops) are giving discounts on the costs of medicines purchased or giving Credit Points and such amounts shall be reduced from the respective bills submitted for reimbursement.
- 11) For investigations, CHSS Chennai beneficiary may also obtain referral letters from AMAs **only** to the recognized CHSS Centres viz. a) Neuberg Ehrlich Laboratory, No.19, Masilamani Road, Royapettah, Chennai 600014, b) Lister Metropolis Laboratory (Healthcare Limited), No.3, Jagannathan Road, Nungambakkam, Chennai 600034 (both for all investigations available at the Centres) and c) Mediscan Systems, No.197, (Old No.92), Doctor Natesan Road, (Near Chennai City Centre), Mylapore, Chennai 600004 (for USG only). While obtaining such referral letter through AMA, the details of CHSS beneficiaries with name/CHSS No./address/Phone number/validity period of CHSS card etc., investigations/tests requested, AMA's signature with seal and date etc. may be indicated clearly and checked before submitting to the concerned Centres. Investigations like "MASTER CHECKUP" are not admissible even if referral letter is obtained and such tests charges are payable by the CHSS beneficiary directly to the Centre.
- 12) Chennai beneficiaries requiring specialized treatment/investigations at Panel Hospitals/ Centres, may approach the IMSc Clinic for referral letter from the Medical Officer, DAE Hospital during their visit to IMSc (Tuesday/Saturday at present) or they may also approach IMSc Clinic, Taramani for consulting the Doctor at DAE Hospital through Video Conferencing facility on working days (Wednesday to Friday) by appointment.
- 13) All reimbursement claims pertaining to CHSS Chennai beneficiaries with **valid CHSS cards** only (both serving/retired) towards out-patient consultation shall be submitted to the Medical Officer, IMSc Clinic, Taramani, Chennai 600113 (Phone Number:22543198/22543126) within three months from the date of medicines purchased or treatment availed. Reimbursement claims received at the IMSc Clinic after initial checking will be forwarded to CHSS Office, DAE Hospital, Kalpakkam (Phone number:27488228) with a letter for each Unit separately for serving and retired officials. The reimbursement claims will be sent to concerned Accounts Sections for arranging payment as per the Joint Controller (F&A), IGCAR note No. GSO/Accts/CHSS/2008 dated 15/07/2008.
- 14) CHSS Chennai beneficiaries may also visit DAE Hospitals at Kalpakkam and Anupuram for any medical treatment and also get regular medicines based on the "Drug Card".

This is issued with the approval of the Competent Authority.


(Dr.M. Jayashree)
Medical Superintendent

NOTICE BOARDS and Circulation through E-mails

Copy to: Accounts Officer, IGCAR/GSO/BARCF/MRAU/IMSc;
Manager (F&A), MAPS/BHAVINI; Principal, AECS-I/II/III;

Government of India
Department of Atomic Energy
GENERAL SERVICES ORGANISATION
(DAE HOSPITAL, CHSS Office)

Kalpakkam 603 102 (T.N.)

Ref:HOSP/Cons_Fees/2023/CHSS

May 31, 2023.

CIRCULAR No.179/CHSS/HOSP

Sub: Revision of consultation fees/bed charges reimbursable under CHSS

Ref: CGHS OM No.Z15025/28/2022/DIR/CGHS dated 12/04/2023

Competent Authority has approved revision of consultation fees reimbursable to the CHSS beneficiaries towards consultation availed with Doctors under Allopathic System of medicines and also bed charges claimed for in-patient treatment availed directly (applicable for GW/Non-NABH ICU bed charges) with effect from **01/06/2023** as indicated below:

Consultation fee (per visit) not exceeding	Bed charges (per day) not exceeding
Out-patient (OPD) consultation: Rs.350/- * In-patient treatment (IPD) consultation: Rs.350/- * (For both NABH and Non-NABH accredited Hospitals) (* Actual amount is reimbursable if paid less)	General ward : Rs.1500/- * Semi Private ward: Rs.3000/- Private ward : Rs.4500/- (For both NABH and Non-NABH accredited Hospitals) ICU charges : Rs.5400/- (For non-NABH accredited hospitals, the charges shall be 15% less i.e. Rs.4590/- * for all categories)

The above charges are also applicable for paying patient treatments (OP/IP) availed at Kalpakkam/Anupuram Hospitals and payable for the purpose.

In this regard, the following points indicated as per the Circular No.143/CHSS/HOSP dated 08/09/2020 are furnished below once again for the information of CHSS beneficiaries:

1. Consultation with one Medical Attendant only is allowed at a given date/period for a particular ailment. The treatment at the consulting room is limited to ten days with a maximum of four consultations (within a month) but ordinarily two consultations would suffice.
2. Consultation fee paid is reimbursable subject to approved rates based on the date(s) indicated in the Essentiality Certificate issued by the AMA. Consultation fee claimed for review after ten days from first consultation or after the date of issue of the Essentiality Certificate will not be reimbursable. Doctor's details and Registration Number are to be correctly indicated in the prescription and also in the Essentiality Certificate with diagnosis clearly.
3. Medicines prescribed must be purchased within 10 days from the date of prescription issued as per the dosage/days. The medicines can be purchased for a maximum period of three (3) months at a time based on the prescription issued for chronic illness like diabetes, heart ailment, hypertension, epilepsy etc. (A copy of 'Drug Card' for regular medicines is to be furnished along with reimbursement claim). Purchase of Allopathic medicines and drugs can be made from Pharmacy licensed under the Drugs and Cosmetics Act and rules framed there under.
4. Reimbursement claims should be submitted in the prescribed form alongwith original bills/vouchers/prescription slips/essentiality certificate etc. normally within 3 months. For genuine reasons, the reimbursement claim shall be preferred within 6 months. Separate claim is to be preferred for each spell of illness or an entirely new ailment/disease.
5. Cost of items like food supplementary, toiletries, disinfectants, appliances and similar items are not reimbursable even if prescribed by the Doctors.


(B.R. Ramji)
Assistant Personnel Officer

Notice Boards & Circulation through E-mail

Copy to: Accounts Officer, IGCAR/GSO/BARCF/DPS/IMSc;
Administrative Officer, IGCAR/GSO/BARCF/DPS/IMSc;
Manager (F&A), MAPS/BHAVINI; Manager (P&IR), MAPS/BHAVINI; Principal, AEC School-1/2/3;