

Government of India
Department of Atomic Energy
General Services Organisation
(DAE Hospital, CHSS Office)

Kalpakkam 603 102.

Ref:HOSP/AMA(Chennai)/2023/CHSS

February 07, 2023.

CIRCULAR No.173/CHSS/HOSP

Sub: Nomination of AMAs under CHSS at Chennai – regarding

Based on the requests received from **Contributory Health Services Scheme (CHSS)** beneficiaries at Chennai, the following Doctors (allopathic system of medicine) have been nominated after getting their willingness as Authorised Medical Attendant (AMA) under CHSS by the Competent Authority:

S.No	Name of AMA/Reg.No. (Dr.)	Clinic address and Phone number	Area	Clinic Timings
1	Sreenivasa Varma.Y, MBBS, 45741	45741, No.17, First Main Road, IIT Colony (9962060702)	Pallikaranai, Chennai 600100	07.00 to 12.00 18.00 to 21.00
2	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
3	Kasi Viswanathan.C, MBBS, 24591	No.74, Hindu Colony, M.G.R. Road (22246639)	Nanganallur, Chennai 600061	18.30 to 21.00
4	Govindan.L , MBBS, DCH, Ex-Civil Surg.(TN), 23332	4, Manimegalai Street, Gandhi Nagar, Oragadam (9443404568)	Ambattur, Chennai 600053	13.00 to 15.30 20.30 to 22.30
5	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

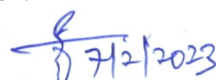
The CHSS beneficiaries will pay the charges towards the out-patient consultation fees directly to AMA and claim reimbursement. The consultation fees admissible for reimbursement now is upto **Rs.135/-** for each consultation, limiting to two consultations normally within ten days (in a month period). Necessary '**Essentiality Certificate**' in the prescribed format with reimbursement claim form (copy attached) is to be submitted for claiming reimbursement towards consultation fees/cost of medicines purchased etc. with original prescriptions and also countersigned in the backside of the bills by the AMA. The details of AMA like name, Registration Number, Clinic address etc. affixed with a seal should be furnished with certificate/bills. Cost of items like food supplementary, toiletries, disinfectants, appliances, non-allopathic medicines and similar items are not reimbursable to our beneficiaries even if prescribed and purchased by them. An updated list of AMAs at Chennai is also attached for information.

In case, a CHSS beneficiary requires any investigation, the patient may be referred to the following Private Centres recognised under CHS Scheme through a referral letter (format enclosed) by AMA at Chennai and charges will be payable on credit basis for eligible CHSS beneficiaries:

1.	Neuberg Ehrlich Laboratory No.46 & 48, Masilamani Road, Balaji Nagar, Royapettah, CHENNAI 600 014	Laboratory tests and other investigations available at the Centre
2.	Lister Metropolis Laboratory (Healthcare Limited) No.3,Jagannathan Road,Nungambakkam,CHENNAI 600034	-do-
3.	Mediscan Systems 197, Doctor Natesan Road, Mylapore, CHENNAI 600 004	Ultrasonogram Tests

In connection with availing of medical treatment, CHSS Circular No.143 dated 08/09/2020, No.150 dated 26/03/2021 and No.172 dated 17/01/2023 may also be referred for information.

Encl.:a.a.


(B.R. Ramji)
Assistant Personnel Officer

NOTICE BOARDS and Circulation through E-mails

Copy to: Accounts Officer, IGCAR/GSO/BARCF/DPS; Manager (F&A), MAPS/BHAVINI;
Admn. Officer, IGCAR/BARCF/GSO/DPS; Manager(HR), MAPS/BHAVINI;

**List of Authorized Medical Attendants available under
CHSS (allopathic system of medicine) as on 01.02.2023**

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, Eli, 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)	Selaipur 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	SREENIVASA VARMA.Y, MBBS, 45741	45741, No.17, First Main Road, IIT Colony (9962060702)	Pallikaranai, Chennai 600100	07.00 to 12.00 18.00 to 21.00
19	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
20	KASI VISWANATHAN.C, MBBS, 24591	No.74, Hindu Colony, M.G.R. Road (22246639)	Nanganallur, Chennai 600061	18.30 to 21.00
21	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
22	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
	Part-time Consultant			
23	AMALA FLORIDA.P, MBBS, Dip.Diabetology, 72461	DAE Clinic, IMSc, CIT Campus (044) 22543198/22543126	Tharamani Chennai 600113	Tuesday / Thursday 14.00 to 16.00

**APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
TOWARDS CONSULTATION WITH AUTHORISED MEDICAL ATTENDANT (AMA)**
(Applicable for 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				
6.	Details of bills enclosed and Medicines purchased :-					
S. No.	Bill No.	Date	Name of the Medicine	Qty.	Amount Rs. P.	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
TOTAL AMOUNT CLAIMED					Rs.	
List of Enclosures			Cash Bill(s)	✓	Certificate 'A'	✓
					Prescription	✓

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

CHSS Clinic, IMSc, C.I.T. Campus, Taramani, CHENNAI 600 113

ESSENTIALITY CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to Hospital for treatment)

Certificate granted to _____
wife/husband/son/daughter/father/mother of _____
employed in the _____
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 _____.

Date:

Signature of Doctor

Name: (Dr. _____)

Clinic address:

[Reg. No. _____]
& Seal

PRE – RECEIPT

Received an amount of **Rs.** _____ /- (Rupees _____ only) from
Pay & Accounts Officer, _____ towards Medical Reimbursement claim.

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 : _____

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, Chennai City Centre), Mylapore, CHENNAI 600 004 (Ph. 24663232)	Ultrasonogram tests

CIRCULAR No.143/CHSS/HOSP

**Sub: Reimbursement of medical expenses towards consultation
with AMAs under CHSS – general guidelines - regarding**

For availing out-patient (OP) consultation (medical attendance) by the beneficiaries covered under Contributory Health Services Scheme (CHSS) and residing outside Kalpakkam, Authorized Medical Attendants (AMA) have been nominated under CHSS outside Kalpakkam. Based up on OP consultation and prescription issued, CHSS beneficiaries are allowed to claim reimbursement towards consultation fees paid and for purchase of medicines. The reimbursement claims received from the beneficiaries are considered as admissible as per the guidelines of Central Services (Medical Attendance) Rules towards the medical attendance with the AMAs. However, instances have come to notice that the guidelines are not being followed while availing the treatment and submission of reimbursement claims, which has lead to certain discrepancies.

In this regard, the following points are furnished for the information of CHSS beneficiaries availing consultation from AMAs under allopathic system of medicines:

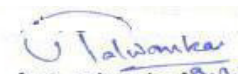
1. Consultation with one AMA only is allowed at a given date/period for a particular ailment. The consultation at the consulting room of AMA is limited to ten days with a maximum of four consultations (within a month) but ordinarily two consultations would suffice.
2. For the purpose of '**medical attendance**', there should be no need for repeated consultations, which include 'repeat' prescriptions. Reimbursement of consultation fees at the prescribed rates will be restricted to the first two consultations/visits at the rate of one consultation/visit a day and 'repeat' prescription being treated as a consultation irrespective of the fact whether consultation fees are charged or not for such a prescription.
3. Consultation fee paid to AMAs 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. AMA's details and Registration Number are to be correctly indicated in the prescription and also in the Essentiality Certificate with diagnosis mentioned clearly.
4. Original prescription(s) must be produced along with the reimbursement claim in order to verify the prescribed ceilings on the number of consultations/visits etc. and also to satisfy about the genuineness of the claim.
5. Medicines prescribed by the AMA 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 3 (three) months at a time based on the prescription issued by AMA for chronic illness like diabetes, heart ailment, hypertension, epilepsy etc. Purchase of Allopathic medicines and drugs can be made from Pharmacy licensed under the Drugs and Cosmetics Act and rules framed there under.
6. Reimbursement claims should be submitted in the prescribed form along with 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.

7. Cost of items like food supplementary, toiletries, disinfectants, appliances, non-allopathic medicines and similar items are not reimbursable even if prescribed by AMA.

8. The approved maximum rates for reimbursement of consultation fee under CHSS at present are indicated below:

Consultation	Maximum consultation fees reimbursable	
	Medical Post Graduate/ Specialists	Medical Licentiates/ Medical Graduates (MBBS)
First consultation	Rs.100/-	Rs.70/-
Subsequent consultation	Rs.60/-	Rs.40/-

CHSS beneficiaries are requested to strictly adhere to the above points while availing the treatment from AMAs and while submitting their claim for reimbursement. A list of Authorized Medical Attendants presently available based on their willingness submitted to continue under CHSS at Chennai is also furnished.


[R.S. Palwankar] 8.9.2020
Assistant Personnel Officer

NOTICE BOARDS (IGCAR/MAPS/GSO/BARC Facilities/BHAVINI/PRP/CISF/AECS/DPS/IMSc)

Copy to: Accounts Officer, IGCAR/GSO/BARCF/DPS; Manager (F&A), MAPS/BHAVINI;
Principal, AECS-I/AECS-II; Registrar, IMSc, Chennai 600113;

Government of India
Department of Atomic Energy
General Services Organisation
(DAE Hospital, CHSS Office)

Kalpakkam 603 102.

Ref:GSO/HOSP/OPD(Reimb)/2021/CHSS

March 26, 2021.

CIRCULAR No.150/CHSS/HOSP

**Sub: Reimbursement for OPD treatment to retired employees
who stay outside CHSS area - regarding**

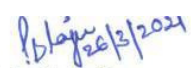
As per the Contributory Health Services Scheme (CHSS) Rules 1998, retired employees, irrespective of whether they are permanently settled down or not at a place where CHSS facilities are not available, can come to Kalpakkam for treatment. They can also have an option for claiming reimbursement following the pattern of CS (MA) Rules only for the in-door medical treatment availed of by them and their family provided he/she was a member of CHSS at the time of retirement. 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 and Family Welfare, New Delhi
- * Hospitals recognised under CGHS
- * Hospitals recognised by the DAE for treatment under CHSS/CS(MA) Rules.
- * Hospitals recognised by the concerned State Governments, other Central Government Departments and Public Sector Undertakings under the control of DAE.

In connection with availing of out-patient treatment, the clarification received from DAE vide O.M.No.7/20/2016/IR&W dated 08.03.2021 and 18.03.2021 is reproduced below for information of CHSS beneficiaries:

References are being received in the Department seeking further clarification on the issue regarding extension of OPD treatment to retired employees who stay outside CHSS area. **It is hereby clarified that reimbursement of OPD charges to retired employees who stay outside CHSS area may be made at CGHS rates or actual rate, whichever is less.**

An application format for claiming reimbursement of out-patient medical expenses incurred under allopathic system of medicines outside Kalpakkam/Anupuram/Chennai areas is also attached. The format is also available in the GSO website. The claim form with necessary Certificate may be submitted to the CHSS Office, DAE Hospital, Kalpakkam 603 102 for further needful.


[V. Padmini]
Assistant Personnel Officer (CHSS)

NOTICE BOARDS

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

APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

TOWARDS OUT-PATIENT TREATMENT AVAILED OUTSIDE CHSS AREA(Applicable for CHSS beneficiaries including retired under Allopathic system of medicine)

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 or Name of Hospital with address					
b.	Number of consultation					
c.	Date(s) of consultation					
d.	Fees paid for consultation	Rs.				
6.	Details of bills enclosed and Medicines purchased /Investigations if any:-					
S. No.	Bill No.	Date	Name of the Medicine/Investigation	Qty.	Amount Rs. P.	
1						
2						
3						
4						
5						
6						
7						
8						
TOTAL AMOUNT CLAIMED				Rs.		
List of Enclosures:			Cash Bill(s)	✓	Certificate 'A'	✓
					Prescription	✓

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

APO(CHSS), DAE Hospital, Kalpakkam 603 102.

ESSENTIALITY CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to Hospital for treatment)

Certificate granted to _____
wife/husband/son/daughter/father/mother of _____ employed in
the _____
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 _____.

Date:

Signature of Doctor

Name: (Dr. _____)

Clinic address:

[Reg. No. _____]

& Seal

PRE – RECEIPT

Received an amount of **Rs.** _____ /- (Rupees _____
_____ only) from
Pay & Accounts Officer, _____ towards Medical Reimbursement
claim.

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 : _____

Ref:GSO/HOSP/OP Consultation/2022/CHSS

January 17, 2023.

CIRCULAR No.172/CHSS/HOSP

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

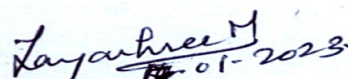
As per the Circular No.148 dated 19/02/2021, CHSS beneficiaries at Chennai are allowed to obtain medicines based on the prescriptions issued to them on CREDIT BASIS through the Outsourced Pharmacy at the Institute of Mathematical Science (IMSc) Clinic, Taramani, Chennai with effect from 01/02/2021. As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

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 FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES
(Kalpakkam/Anupuram)

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 _____.

DA/AA

AAO/AO