

CIRCULAR No.180/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	Jeeva Semmalar.S MBBS, 86039 (in place of Dr.Sreenivasa Varna.Y, MBBS, 45741)	'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
2	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.)

The CHSS beneficiaries will pay the charges towards the out-patient consultation fees directly to AMA and claim reimbursement. The consultation fees paid to AMAs will be reimbursable as per the charges claimed subject to maximum of Rs.350/- per 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 prescription duly signed by concerned AMA. The details of AMA like name, Registration Number, Clinic address etc. affixed with a seal should be furnished with certificate/bills. (A copy of 'Drug Card' for regular medicines is to be furnished along with reimbursement claim). Cost of items like food supplementary, toiletries, disinfectants, appliances, non-allopathic medicines and similar items are not reimbursable to CHSS beneficiaries even if prescribed and purchased by them. Prescribed medicines are to be purchased within 10 days from the date of issue of prescription. Medicines shall not be purchased based on the old prescription/discharge summary etc directly. 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 recognized under CHS Scheme through a referral letter (format enclosed) by AMA at Chennai:

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	
3.	Mediscan Systems 197, Doctor Natesan Road, Mylapore, CHENNAI 600 004	Ultrasonogram Tests


(B.R. Ramji)

Assistant Personnel Officer

Circulation through E-mail (IGCAR/MAPS/GSO/BARC Facilities/BHAVINI/PRP/CISF/AECS/DPS/IMSc)

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 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, Ell, 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

**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)	√	Certificate 'A'	√
				Prescription	√

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 : _____

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