

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**

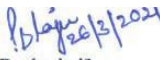
As per the Contributory Health Services Scheme (CHSS) Rules 1998, retired employees, irrespective of whether they are permanently settled down or not at a place where CHSS facilities are not available, can come to Kalpakkam for treatment. They can also have an option for claiming reimbursement following 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						
9						
10						
11						
12						
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. _____)
[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 : _____