

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

Ref: HOSP/AMA(CHENNAI)/2024/CHSS

Kalpakkam 603102
November 29, 2024

CIRCULAR: 192/HOSP/CHSS

Sub: Nomination of AMA under CHSS at Chennai – reg.

Based on the requests received from Contributory Health Services Scheme (CHSS) beneficiaries in Chennai, the following doctor (allopathic system of medicine) has been nominated as Authorised Medical Attendant (AMA) under CHSS by the Competent Authority.

| Sl. No | Name of the AMA/ Reg. No. (Dr.) | Clinic address & Phone number | Area | Clinic timings. |
|--------|------------------------------------|-------------------------------------|--------------------------------|------------------------------------|
| 01 | P. Chowdappa, M.B.B.S | No.27, Kamaraj Salai, 9789525775 | Ashok Nagar, Chennai-600083 | 09.00 to 13.00 & 18.00 to 21.30 |

The CHSS beneficiaries will have to pay for out-patient consultation fees directly to AMA. The consultation fees paid to AMA will be reimbursable as per the charges claimed, subject to a maximum of Rs.350 per consultation, limiting to two consultations normally within ten days (in a month period). Application for claiming reimbursement shall be raised along with necessary 'Essentiality Certificate' (copy attached) towards the cost of consultation fees, **original prescription, original pharmacy bill(s)** 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. In case of regular medicine, a copy of 'Drug Card' must be enclosed along with claim. Items like food supplementary, toiletries, disinfectants, appliances, non- allopathic medicines and similar items are not admissible for reimbursement even if prescribed by AMA. Prescribed medicines are to be purchased within 10 days from the date of prescription. Medicines shall not be purchased directly based on the old prescription/discharge summary etc. An updated list of AMAs at Chennai is also attached for information.

In case, a CHSS beneficiary requires any laboratory investigation, the patient may get referral (format enclosed) to the following Private Centres recognized under Contributory Health Services Scheme by AMA at Chennai:

| | | |
|----|---|---|
| 1. | Neuberg Ehrlich Laboratory, No. 19, Masilamani Road, Royapettah, Chennai-14 | Laboratory tests and other investigations available at the Centre |
| 2. | Lister Metropolis Laboratory (Healthcare Limited), No. 3, Jagannathan Road, Nungambakkam, Chennai-34 | |
| 3. | Mediscan Systems, No. 197, (Old No. 92), Doctor Natesan Road (Near Chennai City Centre), Mylapore, Chennai-04 | Ultrasonogram tests. |


(V. Lakshmi Devi) 29/11/24
Assistant Personnel officer

Circulation through all Notice Boards through E-mail.

Copy to: Regional Director, MRPU.
Accounts Officer, IGCAR/GSO/BARCF/DPS/PRP/FRFCF/IMSc;
Manager (F&A), MAPS/BHAVINI;
Administrative Officer, IGCAR/BARCF/GSO/DPS/PRP/FRFCF/IMSc;
Manager (HR), MAPS/BHAVINI;
Principal, AECS –I/II/III.

List of Authorized Medical Attendants available under CHSS (allopathic system of medicines) as on 01.12.2024

| Sl. | 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, 1st Street (9940065566) | Choolaimedu, Chennai-600 094 | 19.00 to 22.00 |
| 3 | CHANDRAMOULEESWARAN. V, MD, 41329 (PROF.,MMC) | Plot No.4, Lakshmi Nagar, 6th 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, Mc Nichols Road (28363034) | Chetpet, Chennai-600 031 | 18.00 to 22.00 10.00 to 13.00(S) |
| 6 | ALAMELU.V, MS, MCH 26143 | 23, Ramakrishnan Street (22263355) | West Tambaram Chennai-600 045 | 10.00 to 13.00 16.00 to 21.00 |
| 7 | 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 |
| 8 | CHITRALEKHA SAIKUMAR, MD, 35773 | Sai Poly Clinic, No.2/39, Chetty Street, (9840065789) | Saidapet, Chennai-600 015 | |
| 9 | 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 |
| 10 | VELMARIAPPAN.E, MD, DM, 58700 (AP, CMCH) | 4, Iyyans Enclave, Madambakkam, Main Road. (9486212791) | Selaiyur, Chennai-600 073 | 17.00 to 22.00 |
| 11 | SHARADHA.P, MBBS, DA 24231 (Ret. TNMS) | 9, Vedandham Colony,Tambaram Sanatorium (9444163305) | Tambaram, Chennai-600 047 | 18.30 to 20.30 |
| 12 | KUBERAN.K, MS(GS) 40808 (Ret. TNMS) | 36/49, East Mada Street (24412726) | Thiruvanmiyur, Chennai-600 041 | 18.00 to 21.00 |
| 13 | GEETHALAKSHMI.A, DGO, DNB, 44428 (AP,GKGH) | 36/49, East Mada Street (24412726) | Thiruvanmiyur, Chennai-600 041 | 18.00 to 21.00 |
| 14 | ANBARASAN.V.T, MBBS, DTRD, 33411 | 5/9, Bharathi Road (25517718) | Perambur, Chennai-600011 | 10.00 to 12.00 18.00 to 21.00 |
| 15 | PADMINI.V, MBBS, FCCP, 32532 | 6A, 3rd Street, Shanthi Nagar (9884162161) | Adambakkam, Chennai-600088 | 14.00 to 21.00 |
| 16 | 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 |
| 17 | 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 |
| 18 | KASI VISWANATHAN.C, MBS, 24591 | No.74, Hindu Colony, M.G.R. Road (22246639) | Nanganallur, Chennai-600061 | 18.30 to 21.00 |
| 19 | 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 |
| 20 | 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 |
| 21 | S. JEEVA SEMMALAR, 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 |
| 22 | NISHA NATOTH PATHYAN, MBBS, DGO, 63656. 'Vijaya Women's clinic' | G-07, India Bulls Green, V.G. Prabhu Nagar, (9499045027) | Perumbakkam, Chennai – 600100 | 17.00 to 19.30 |
| 23 | L. VIJAYALAKSHMI, MBBS, PG DIP. DIABETOLOGY, 70096 | No. 196, Valluvarkottam High Road, Nungambakkam, Opp. Police Station (9444031899) | Nungambakkam, Chennai – 600034 | 18.30 to 21.30 |
| 24 | S. VENKATESAN, MBBS, 43723 "Sri Desikan Clinic" | 148/127, Lake view road, (044 24744497) | West Mambalam, Chennai – 600033 | 09.30 to 12.30 (on all days) & 17.30 to 21.30 (except Sundays) |
| 25 | P. SARAVANA KUMAR, MBBS, MS (ORTHO), 104218 | 5/1, Balaji Avenue, Thiruvalluvar Salai, (9361366109) | Ramapuram, Chennai – 600089 | 17.00 to 2100 |
| 26 | P. CHOWDAPPA, MBBS, 35519 | 27, Kamaraj Salai, (9789525775/23663319) | Ashok Nagar, Chennai-600083 | 09.00 to 13.00 & 18.00 to 21.30 |
| Part-time Consultant | | | | |
| 27 | AMALA FLORIDA.P, MBBS, Dip. Diabetology, 72461 | DAE Clinic, IMSc, CIT Campus (044) 22543198/22543126) | Taramani, Chennai-600113 | Tuesday/Thursday 14.00 to 16.00 |

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**APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES TOWARDS CONSULTATION WITH
NOMINATED AUTHORISED MEDICAL ATTENDANT (AMA) / OTHER ALLOPATHIC DOCTORS**

(Applicable for CHSS beneficiaries including retired)

Please tick ✓ wherever applicable

No column should be left blank

| | | | | |
|---|---|---|--|---|
| 1 | a | Name of the Employee (in BLOCK LETTERS) | : | |
| | b | IC No. / Employee Number / Desig./ Unit | : | |
| | c | CHSS Card No. / Validity | : | / |
| 2 | a | Residential Address (in BLOCK LETTERS) | Pin code: | |
| | b | Mobile Number | : | |
| 3 | a | Name of the Patient | : | |
| | b | Date of birth / Age | : | |
| | c | Relationship to employee | : | |
| | d | CHSS Card No. / Validity | : | |
| | e | Place at which the patient felt ill | : | |
| 4 | a | Name of the AMA / Doctor consulted | : | |
| | b | Number of consultation (s) | : | |

| 5 | Details of expenses:- | | | | | |
|---------------------|--|----------|------|---|---------------|---------------------|
| Sl. No. | Particulars (Consultation/Medicine /Investigation/Lab. test) | Bill No. | Date | Name of the (Medicine/ investigation/lab. test) | Qty./ Nos. | Amount in rupees |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | | | | | | |
| h | | | | | | |
| i | | | | | | |
| j | | | | | | |
| TOTAL AMOUNT | | | | | | |

DECLARATION TO BE SIGNED BY THE CLAIMANT

I hereby declare that all the details 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.

Encl: Original (i) Cash bill(s) (ii) Ess. Certificate 'A' (iii) Prescription(s):

Date:

Signature of the claimant

**(Signature of spouse in the case of deceased employee)*

To

- ☐ CHSS Clinic, IMSc, C.I.T. Campus, Taramani, Chennai 600113
☐ DAE Nodal Facility Centre, Pallavaram, Chennai 600043

ESSENTIALITY CERTIFICATE 'A'

(To be completed in the case of patients who are not admitted to the 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 the Doctor

Clinic address:

Name: Dr. _____
Reg. No. _____
& Seal

Pin code:

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 the Account Holder: _____
Bank Account Number: _____
Name of the bank & branch: _____
IFS Code: _____

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 |