

CIRCULAR No.172/CHSS/HOSP

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

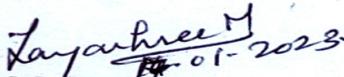
As per the Circular No.148 dated 19/02/2021, CHSS beneficiaries at Chennai are allowed to obtain medicines based on the prescriptions issued to them on CREDIT BASIS through the Outsourced Pharmacy at the Institute of Mathematical Science (IMSc) Clinic, Taramani, Chennai with effect from 01/02/2021. As 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) Neuberger 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;

List of Authorized Medical Attendants available under CHSS (allopathic system of medicine) at Chennai

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.9/10, Ist Main Road, Kasthuriba Nagar (42100004)	Adyar Chennai 600 020	Mon to Friday 19.30 to 21.00
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	Chitrakleha 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 (A.Prof, CMCH)	4, Iyyans 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	10.30 to 13.30
13	Kubendran.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
	New AMAs			
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 Surg.(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

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	Rs.			
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
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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