

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

Kalpakkam 603 102.

Ref:HOSP/DAE_CLINIC/2023/CHSS

Date: 07-10-2023.

CIRCULAR No.183/CHSS/HOSP

Sub: Opening of a DAE Clinic at DAE Nodal Facility, Pallavaram, Chennai

For the benefit of CHSS beneficiaries residing in Chennai, a DAE Clinic is functioning at the premises of the Institute of Mathematical Sciences, Taramani, Chennai 600116 since March 2018 after the closure of NPCIL Office at Egmore, Chennai. Medical Officers from Kalpakkam are visiting on Tuesdays and Saturdays (except second Saturdays) for providing out-patient treatment and also issuing referral letters to CHSS Panel Hospitals/Centres as required. A Part-Time Diabetologist is also visiting on Tuesdays and Thursdays. Online consultation has been provided from DAE Hospital, Kalpakkam to the CHSS beneficiaries through the Internet facility at Taramani Clinic on Wednesday to Friday Forenoon.

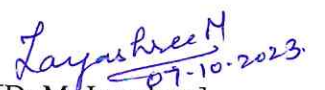
In order to improve the out-patient consultation facility at Chennai, it is decided to open a **DAE Clinic at DAE Nodal Facility Centre, Dr.Ambedkar Road, Pallavaram, Chennai 600043** (located in the premises of DAE Guest House with separate entrance) in addition to Taramani Clinic. Out-patient consultation will be available to the CHSS Chennai beneficiaries from the following Doctors on the forenoon session on working days and referral letters to CHSS Panel Hospitals/Centres as required both at Taramani and Pallavaram Clinics will also be issued.

S.No	Name of Visiting Doctor	Taramani Clinic	Pallavaram Clinic
1	Dr. R. Madasamy , MBBS, DTCD, Ex-SO/G (M), DAE Hospital	Wednesday	Monday & Friday
2	Dr.(Smt.) Nisha Nanoth Pathyan , MBBS, DGO, Ex-SO/F(M), DAE Hospital	Tuesday	Thursday
3	Physician from DAE Hospital, Kalpakkam	Saturday (Except second Saturday)	

At Pallavaram Clinic, in addition to CHSS Chennai beneficiaries, **CHSS beneficiaries residing in nearby areas in Chengalpattu, Kancheepuram and Tiruvallur Districts especially retired officials are allowed to get out-patient consultation from the Visiting Doctors** but referral letters will be issued only in case of medical emergency. Out-patient consultation can be availed by CHSS beneficiaries by reporting to the Clinics before 11.00 hours without any requirement of appointment.

For Medical Record purpose, which can be utilized at both the Clinics, CHSS beneficiaries are required to bring a 60 pages Notebook (small size) in which all OP visits and treatment provided will be recorded by the Visiting Doctors at both the Clinics and a record will be maintained for each day. The Medical Record will be useful to check the visits made by the beneficiaries at both the Clinics including referrals issued to them and also ensure availability of the record with the patients. The reimbursement claims may be submitted at both the Clinics based on the consultations availed and after obtaining necessary certification from the Visiting Doctors, they will be forwarded to CHSS Office, DAE Hospital, Kalpakkam. Reimbursement claims towards OP consultation availed from other Doctors (AMAs at Chennai) may also be submitted at both the Clinics for further action. Due to availability of the Clinics, except emergency cases, request for issuing of referral letter from CHSS Chennai beneficiaries to CHSS Panel Hospitals through E-mail etc. will not be considered at DAE Hospital, Kalpakkam.

The Pallavaram Clinic will start functioning with effect from: 16-10-2023.


[Dr.M. Jayashree]
Medical Superintendent

Circulation through E-mail

APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

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)
- For retirees: Bank Account No. _____ IFS Code: _____
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 _____.