

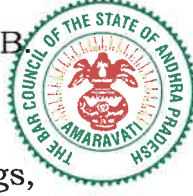
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THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

From Smt. B. Padma Latha, B.Com, LL.B.
I/c Secretary,
Bar Council of Andhra Pradesh,
Ground Floor, High Court Buildings,
Nelapadu,
AMARAVATI – 522 239



To
The Presidents of all
Bar Associations in
the State

ROC No. 246 of 2023

Dt. 27-07-2023

Sir,

Sub:- Bar Council of Andhra Pradesh - Group Medclaim and Personal Accident Policies to the Advocates – Medclaim Cards dispatched to the Concerned Bar Associations - Procedure to download E-Card, in case of Urgency and procedure for Reimbursement - Reg.

Ref:- The Office Circular ROC.No. 188 of 2023 dated 12-05-2023

With reference to the above cited subject, this is to inform you that the Insurance Company dispatched the Medclaim Cards of 1st Slot to the concerned Bar Associations along with List. The Advocates are informed to collect Medclaim cards i.e. Self and dependents, covered under the Policy from the Bar Association. By displaying the Card, cashless facility can be availed in any Network Hospitals.

For reimbursement of claim, intimation should be given to M/s. Raksha Health Insurance TPA Ltd., within 24 hours, after admission into the Hospital to the Mail Ids crcm@rakshatpa.com , chandriah@rakshatpa.com OR by submitting the details through the following link <https://www.rakshatpa.com/WebPortal/Login/ClaimIntimation> OR through 24/7 Help Line 18001801444- 0129-4289999 Tel:0866-2554323,2554324. The reimbursement can be made within 30 days, after discharge from the Hospital, by submitting all necessary documents.

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THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH

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ADDRESS :-

RAKSHA HEALTH INSURANCE TPA PVT LTD
11-57, TULASI NAGAR 1ST FLOOR,
BEHIND TIME HOSPITAL,PANTAKALUVA ROAD,
VIJAYAWADA-520007.
PH NO:0866-2554323/2554324.

CONTACT PERSONS :- 1) ANIL : 9505550974
2) CHANDRAIAH : 8179864207

Further, M/s. Raksha Health Insurance TPA has provided to download E-Cards, in emergency through their Website <https://www.rakshatpa.com/WebPortal/Login/Anonymous/ECard> by giving Enrolment Number in the place of Employee No.

I request you to place the Circular on the notice of the Association for information of the Advocates.



Yours faithfully,

[Signature]
For I/c. Secretary, Bar Council

Encl : 1. Reimbursement Forms (Form-A & Form-B) and Check List
2. Procedure to download E-Cards
3. To view the Network Hospital through link
https://www.rakshatpa.com/WebPortal/Login/search_PPN

Copy To : Members, Bar Council