

## THE BAR COUNCIL OF THE STATE OF ANDHRA PRADESH :: AMARAVATI

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. 27 of 2021.

Dt. 04-02-2021

Sir,

**Sub:-** Bar Council of Andhra Pradesh - Group Mediclaim and Personal Accident Policies to the Advocates from **Government Grant - Sanctioned to Bar Council** – Mediclaim 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. 302 / 2020 dt. 30-12-2020

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With reference to the above cited subject, this is to inform you that the Insurance Company has dispatched the Mediclaim Cards to the concerned Bar Associations along with List. The advocates are informed to collect Mediclaim cards i.e. Self and dependents, covered under the Policy along with user guide (network hospitals list). 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 [contacthyd@rakshatpa.com](mailto:contacthyd@rakshatpa.com), [chandriah@rakshatpa.com](mailto:chandriah@rakshatpa.com) OR by submitting the details through the following link <https://www.rakshatpa.com/WebPortal/Login/ClaimIntimation>. The reimbursement can be made within 30 days, after discharge from the Hospital, by submitting all necessary documents.

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) GOPI RAJ : 9291486889  
2) UDAY KUMAR : 6302038100

Further, M/s. Raksha Health Insurance TPA has provided to download E-Cards, in emergency through their Website.

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

Yours faithfully,

*B. Padmalathu*

I/c. Secretary, Bar Council

Encl : 1. Reimbursement Forms (Form-A & Form-B) and Check List  
2. Procedure to download E-Cards

Copy To : Members, Bar Council