

Beneficiary name: **Balasubramaniam S G**
 Member ID: **18278485**
 Employee code: **2145995**
 Relation: **Self**
 Date of birth: **07-Jul-2000**
 Primary insured: **Balasubramaniam S G**
 Valid upto: **31-Oct-2023**
 Policy holder: **Cognizant**
 Insurer ID: **--**



hms, under



CA18278485

Contact number: 1800 258 5895

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to www.mediassist.in

Medi Assist Insurance TPA Pvt. Ltd.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,
 K.M.Layout, Bengaluru, Karnataka 560029.CIN:

U85199KA1999PTC025676

Website: www.mediassist.in Email: cts@mediassistindia.com

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Beneficiary name: **Solochana**
 Member ID: **26604310**
 Employee code: **2145995**
 Relation: **Mother**
 Date of birth: **01-Feb-1985**
 Primary insured: **Balasubramaniam S G**
 Valid upto: **31-Oct-2023**
 Policy holder: **Cognizant**
 Insurer ID: **--**



hms, under



CA26604310

Contact number: 1800 258 5895

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
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