

Beneficiary name: **Fahad Ali**
 Member ID: **15328187**
 Employee code: **2101917**
 Relation: **Self**
 Date of birth: **06-Sep-1999**
 Primary insured: **Fahad Ali**
 Valid upto: **31-Oct-2022**
 Policy holder: **Cognizant**
 Insurer ID: **--**



hussains



CA15328187

Contact number: 08067617574 1800 258 5895(Backup)

- This card is only for identification and is not an authorization to proceed with the treatment of 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

Generated On : 31-12-2021 23:22:20

Beneficiary name: **Asif Ali**
 Member ID: **22166329**
 Employee code: **2101917**
 Relation: **Father**
 Date of birth: **05-Aug-1972**
 Primary insured: **Fahad Ali**
 Valid upto: **31-Oct-2022**
 Policy holder: **Cognizant**
 Insurer ID: **--**



hussains



CA22166329

Contact number: 08067617574 1800 258 5895(Backup)

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Beneficiary name: **Reshma Bano**
 Member ID: **22166330**
 Employee code: **2101917**
 Relation: **Mother**
 Date of birth: **20-Jan-1972**
 Primary insured: **Fahad Ali**
 Valid upto: **31-Oct-2022**
 Policy holder: **Cognizant**
 Insurer ID: **--**



hussains



CA22166330

Contact number: 08067617574 1800 258 5895(Backup)

- This card is only for identification and is not an authorization to proceed with the treatment of a guarantee for payment.
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