



Beneficiary name: **Manasa Donthireddy**
Member ID: **5052793152**
Employee code: **20848400**
Relation: **Self**
Date of birth: **21 Jul 1987**
Primary insured: **Manasa Donthireddy**
Valid upto: **31 Dec 2020**
Policy holder: **M/s ASTRAZENECA INDIA PVT LTD- GTC Unit**
Insurer ID:



MA5052793152

Contact number: 08067714679 18004191152(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.medibuddy.in

MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676
Website: www.medibuddy.in Email: michealsamy.micheal@mediassistindia.com

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Beneficiary name: **M Chaitanya Pratap Reddy**
Member ID: **5052793156**
Employee code: **20848400**
Relation: **Spouse**
Date of birth: **07 Apr 1986**
Primary insured: **Manasa Donthireddy**
Valid upto: **31 Dec 2020**
Policy holder: **M/s ASTRAZENECA INDIA PVT LTD- GTC Unit**
Insurer ID:



MA5052793156

Contact number: 08067714679 18004191152(Backup)

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Beneficiary name: **M Neelesh Pratap Reddy**
Member ID: **5052793155**
Employee code: **20848400**
Relation: **Son**
Date of birth: **12 Aug 2016**
Primary insured: **Manasa Donthireddy**
Valid upto: **31 Dec 2020**
Policy holder: **M/s ASTRAZENECA INDIA PVT LTD- GTC Unit**
Insurer ID:



MA5052793155

Contact number: 08067714679 18004191152(Backup)

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Beneficiary name: **D Madhusudhan Reddy**
Member ID: **5052793154**
Employee code: **20848400**
Relation: **Father**
Date of birth: **01 Aug 1959**
Primary insured: **Manasa Donthireddy**
Valid upto: **31 Dec 2020**
Policy holder: **M/s ASTRAZENECA INDIA PVT LTD- GTC Unit**
Insurer ID:



Contact number: 08067714679 18004191152(Backup)

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Beneficiary name: **Donthireddy Prabhavathi**
Member ID: **5052793153**
Employee code: **20848400**
Relation: **Mother**
Date of birth: **15 Jul 1957**
Primary insured: **Manasa Donthireddy**
Valid upto: **31 Dec 2020**
Policy holder: **M/s ASTRAZENECA INDIA PVT LTD- GTC Unit**
Insurer ID:



Contact number: 08067714679 18004191152(Backup)

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