

Beneficiary name: **Md Kamran Uddin**  
Member ID: **19200688**  
Employee code: **2267152**  
Relation: **Self**  
Date of birth: **25-Feb-1994**  
Primary insured: **Md Kamran Uddin**  
Valid upto: **31-Oct-2023**  
Policy holder: **Cognizant**  
Insurer ID: **--**



*hussain*



**CA19200688**

**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](http://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](http://www.mediassist.in) Email: [cts@mediassistindia.com](mailto:cts@mediassistindia.com)

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Beneficiary name: **Md Alim Uddin**  
Member ID: **27738422**  
Employee code: **2267152**  
Relation: **Father**  
Date of birth: **12-Mar-1956**  
Primary insured: **Md Kamran Uddin**  
Valid upto: **31-Oct-2023**  
Policy holder: **Cognizant**  
Insurer ID: **--**



*hussain*



**CA27738422**

**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.
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