



Beneficiary name: **Chaikam Reshmitha Reddy**
Member ID: **5145353439**
Employee code: **2406720**
Relation: **Self**
Date of birth: **06 Apr 2004**
Primary insured: **Chaikam Reshmitha Reddy**
Valid upto: **31 Oct 2025**
Policy holder: **COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD**
Insurer ID: **--**



MA5145353439

Contact number: 08067617574 1800 258 5895(Backup)

- 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@mediassist.in

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Beneficiary name: **Chaikam Brahmananda Reddy**
Member ID: **5146038809**
Employee code: **2406720**
Relation: **Father**
Date of birth: **15 Oct 1977**
Primary insured: **Chaikam Reshmitha Reddy**
Valid upto: **31 Oct 2025**
Policy holder: **COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD**
Insurer ID: **--**



MA5146038809

Contact number: 08067617574 1800 258 5895(Backup)

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Beneficiary name: **Chaikam Vasanthi**
Member ID: **5146038810**
Employee code: **2406720**
Relation: **Mother**
Date of birth: **06 Jun 1980**
Primary insured: **Chaikam Reshmitha Reddy**
Valid upto: **31 Oct 2025**
Policy holder: **COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT. LTD**
Insurer ID: **--**



MA5146038810

Contact number: 08067617574 1800 258 5895(Backup)

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