



The New India Assurance Co. Ltd.



Beneficiary name: **Sushmit Patil**  
Member ID: **5095648815**  
Employee code: **2116452**  
Relation: **Self**  
Date of birth: **14-Aug-2000**  
Primary insured: **Sushmit Patil**  
Valid upto: **31-Oct-2025**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **--**



*Sushmit Patil*



**MA5095648815**

**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@mediassist.in](mailto:cts@mediassist.in)

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The New India Assurance Co. Ltd.



Beneficiary name: **Babita Girish Patil**  
Member ID: **5098097369**  
Employee code: **2116452**  
Relation: **Mother**  
Date of birth: **05-Jul-1980**  
Primary insured: **Sushmit Patil**  
Valid upto: **31-Oct-2025**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **--**



*Babita Patil*



**MA5098097369**

**Contact number: 1800 258 5895**

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The New India Assurance Co. Ltd.



Beneficiary name: **Girish Chandrarao Patil**  
Member ID: **5098097370**  
Employee code: **2116452**  
Relation: **Father**  
Date of birth: **12-Jun-1970**  
Primary insured: **Sushmit Patil**  
Valid upto: **31-Oct-2025**  
Policy holder: **Cognizant Technology Solutions**  
Insurer ID: **--**



*Girish Patil*



**MA5098097370**

**Contact number: 1800 258 5895**

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