



Beneficiary name: **Kumar Abhirup**
Member ID: **4036460143**
Employee code: **243416**
Relation: **Self**
Date of birth: **14-Feb-1998**
Primary insured: **Kumar Abhirup**
Valid upto: **05-Jan-2023**
Policy holder: **Berkmeer India PVT LTD**
Insurer ID: **H0808985-243416-00**



hms, india



MA4036460143

Contact number: 1800 425 9449

- 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.mediassisttpa.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.mediassisttpa.in Email: hgs@mediassist.in

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Beneficiary name: **Kumari Shobha Rani**
Member ID: **4036460144**
Employee code: **243416**
Relation: **Mother**
Date of birth: **07-Dec-1973**
Primary insured: **Kumar Abhirup**
Valid upto: **05-Jan-2023**
Policy holder: **Berkmeer India PVT LTD**
Insurer ID: **H0808985-243416-02**



hms, india



MA4036460144

Contact number: 1800 425 9449

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Beneficiary name: **Anant Kumar**
Member ID: **4036460145**
Employee code: **243416**
Relation: **Father**
Date of birth: **07-Dec-1973**
Primary insured: **Kumar Abhirup**
Valid upto: **05-Jan-2023**
Policy holder: **Berkmeer India PVT LTD**
Insurer ID: **H0808985-243416-01**



hms, india



MA4036460145

Contact number: 1800 425 9449

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