



Beneficiary name: **Ammaladinne Adi Narayana**
Member ID: **4052802529**
Employee code: **1006556**
Relation: **Father**
Date of birth: **02 May 1972**
Primary insured: **Achyut Prasad Ammaladdine**
Valid upto: **22 Sep 2024**
Policy holder: **MAVERIC SYSTEMS LIMITED
Bengaluru - PARENT**
Insurer ID: **P01001212498**



MA4052802529

Contact number: 18002089449

- 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 PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru,
Karnataka 560029.CIN: U85199KA1999PTC025676
Website: mediassisttpa.in Email: vinita.v@mediassist.in

Generated On : 06-02-2024 11:40:51