

Beneficiary name: **Madhava Rao**
Member ID: **4027345752**
Employee code: **2635005**
Relation: **Father**
Date of birth: **01-Jul-1964**
Primary insured: **Srinivas Chalumuri**
Valid upto: **30-Jun-2020**
Policy holder: **Verizon Data Services P Ltd**
Insurer ID: **[BenefInsurerID]**



Medi Assist
[Signature]
Authorised Signatory

Contact number: 08046855375

- 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.medibuddy.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.medibuddy.in Email: verizon@mediassist.in

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Beneficiary name: **Sudha Rani**
Member ID: **4027345751**
Employee code: **2635005**
Relation: **Mother**
Date of birth: **01-Jan-1971**
Primary insured: **Srinivas Chalumuri**
Valid upto: **30-Jun-2020**
Policy holder: **Verizon Data Services P Ltd**
Insurer ID: **[BenefInsurerID]**



Medi Assist
[Signature]
Authorised Signatory

Contact number: 08046855375

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Beneficiary name: **Srinivas Chalumuri**
Member ID: **4027345552**
Employee code: **2635005**
Relation: **Self**
Date of birth: **07-Jun-1993**
Primary insured: **Srinivas Chalumuri**
Valid upto: **30-Jun-2020**
Policy holder: **Verizon Data Services P Ltd**
Insurer ID: **[BenefInsurerID]**



Medi Assist
[Signature]
Authorised Signatory

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