



Beneficiary name: **Deepkamal Singh**
Member ID: **10315989**
Employee code: **219663**
Relation: **Self**
Date of birth: **06-Sep-1983**
Primary insured: **Deepkamal Singh**
Valid upto: **31-Mar-2021**
Policy holder: **ESCP**
Insurer ID: **--**



CA10315989

Contact number: 08067617570 1800 425 9449(Backup)

- 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.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: www.mediassist.in Email: prakashk@mediassist.in

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Beneficiary name: **Jaya Anand Singh**
Member ID: **14767562**
Employee code: **219663**
Relation: **Spouse**
Date of birth: **01-Jul-1988**
Primary insured: **Deepkamal Singh**
Valid upto: **31-Mar-2021**
Policy holder: **ESCP**
Insurer ID: **--**



CA14767562

Contact number: 08067617570 1800 425 9449(Backup)

- This card is only for identification and is not an authorization to proceed with the treatment of a guarantee for payment.
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Beneficiary name: **Kamaleshwar Bakhsh Singh**
Member ID: **14767563**
Employee code: **219663**
Relation: **Father**
Date of birth: **06-Nov-1954**
Primary insured: **Deepkamal Singh**
Valid upto: **31-Mar-2021**
Policy holder: **ESCP**
Insurer ID: **--**



CA14767563

Contact number: 08067617570 1800 425 9449(Backup)

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Beneficiary name: **Shivangi Singh**
Member ID: **14767564**
Employee code: **219663**
Relation: **Daughter**
Date of birth: **28-Aug-2014**
Primary insured: **Deepkamal Singh**
Valid upto: **31-Mar-2021**
Policy holder: **ESCP**
Insurer ID: **--**



CA14767564

Contact number: 08067617570 1800 425 9449(Backup)

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
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