

Beneficiary name: **Srikanth Kotakonda**

Member ID: **5120422356**

Employee code: **556025**

Relation: **Self**




Date of birth: **08-Jun-1985**


Primary insured: **Srikanth Kotakonda**

Valid upto: **30-Sep-2024**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502310001549**
603900502310001666



MA5120422356

Contact number: 01206937324

- 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.mediassisttpa.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:

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Website: www.mediassisttpa.in Email: pramodh.c@mediassist.in

Generated On : 04-12-2023 12:08:13

Beneficiary name: **Radha Kotakonda**

Member ID: **5120422357**

Employee code: **556025**

Relation: **Mother**




Date of birth: **05-Sep-1960**


Primary insured: **Srikanth Kotakonda**

Valid upto: **30-Sep-2024**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502310001549**
603900502310001666



MA5120422357

Contact number: 01206937324

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Beneficiary name: **Vishnutej Kotakonda**

Member ID: **5120422358**

Employee code: **556025**

Relation: **Son**




Date of birth: **15-Dec-2010**


Primary insured: **Srikanth Kotakonda**

Valid upto: **30-Sep-2024**

Policy holder: **RockWell Collins India Enterprises Pvt Ltd**

Policy Number: **603900502310001549**
603900502310001666



MA5120422358

Contact number: 01206937324

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Beneficiary name: **Dhruvtej Kotakonda**
Member ID: **5120422359**
Employee code: **556025**
Relation: **Son**
Date of birth: **22-Nov-2013**
Primary insured: **Srikanth Kotakonda**
Valid upto: **30-Sep-2024**
Policy holder: **RockWell Collins India Enterprises Pvt Ltd**
Policy Number: **603900502310001549**
603900502310001666



Signature



MA5120422359

Contact number: 01206937324

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Beneficiary name: **K Manorama**
Member ID: **5120422360**
Employee code: **556025**
Relation: **Spouse**
Date of birth: **13-Jun-1986**
Primary insured: **Srikanth Kotakonda**
Valid upto: **30-Sep-2024**
Policy holder: **RockWell Collins India Enterprises Pvt Ltd**
Policy Number: **603900502310001549**
603900502310001666



Signature



MA5120422360

Contact number: 01206937324

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