

Beneficiary name: **Mani Bharathi S**  
 Member ID: **18224395**  
 Employee code: **760075**  
 Relation: **Self**  
 Date of birth: **06-Nov-1996**  
 Primary insured: **Mani Bharathi S**  
 Valid upto: **31-Oct-2023**  
 Policy holder: **Cognizant**  
 Insurer ID: **--**



*hms, india*



**CA18224395**

**Contact number: 08067617574**

- 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](http://www.mediassist.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.mediassist.in](http://www.mediassist.in) Email: [cts@mediassistindia.com](mailto:cts@mediassistindia.com)

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Beneficiary name: **Marutha Prashanth**  
 Member ID: **26257495**  
 Employee code: **760075**  
 Relation: **Spouse**  
 Date of birth: **01-Dec-1993**  
 Primary insured: **Mani Bharathi S**  
 Valid upto: **31-Oct-2023**  
 Policy holder: **Cognizant**  
 Insurer ID: **--**



*hms, india*



**CA26257495**

**Contact number: 08067617574**

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Beneficiary name: **Sekar**  
 Member ID: **26257496**  
 Employee code: **760075**  
 Relation: **Father**  
 Date of birth: **01-Dec-1960**  
 Primary insured: **Mani Bharathi S**  
 Valid upto: **31-Oct-2023**  
 Policy holder: **Cognizant**  
 Insurer ID: **--**



*hms, india*



**CA26257496**

**Contact number: 08067617574**

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