



The New India Assurance Co. Ltd.

Beneficiary name: **Kosanapalli Prasanna Kumar**
Member ID: **4027518012**
Employee code: **6612**
Relation: **Self**
Date of birth: **07-Jan-1994**
Primary insured: **Kosanapalli Prasanna Kumar**
Valid upto: **12-Oct-2020**
Policy holder: **Altimetrik**
Insurer ID: **MEMBER4797**



MA4027518012

Contact number: 1800 425 9449

- 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.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: parvez.fazil@mediassistindia.com

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The New India Assurance Co. Ltd.

Beneficiary name: **K Bhagyamma**
Member ID: **4027518013**
Employee code: **6612**
Relation: **Mother**
Date of birth: **08-Jan-1978**
Primary insured: **Kosanapalli Prasanna Kumar**
Valid upto: **12-Oct-2020**
Policy holder: **Altimetrik**
Insurer ID: **MEMBER4799**



MA4027518013

Contact number: 1800 425 9449

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The New India Assurance Co. Ltd.

Beneficiary name: **K Enkataiah**
Member ID: **4027518014**
Employee code: **6612**
Relation: **Father**
Date of birth: **08-Apr-1969**
Primary insured: **Kosanapalli Prasanna Kumar**
Valid upto: **12-Oct-2020**
Policy holder: **Altimetrik**
Insurer ID: **MEMBER4798**



MA4027518014

Contact number: 1800 425 9449

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