

Name NARESH VERMA

Corporate NIRVANA SOLUTIONS INDIA PRIVATE

Age/Gender 53/Male EmployeeID 410

UHID 1122000029978602 PolicyUpTo 14 NOV 2023 Photo ID Proof to be provided along with HI TPA ID Card for availing cashless facility

(Till expiry of the policy / Renewal without break from the same insurance co.)



हैल्थ इन्स्योरेंस टीपीए ऑफ इन्डिया लिमिटेड

HEALTH INSURANCE TPA OF INDIA LTD.

Helpline - Toll free Nos : 1800-102-3600 / 1800-180-3600 Email : customerservice@hitpa.co.in

- This card is non-transferable and is for identification purpose only. To be presented at network hosital for availing cashless treatment.
- This card does not guarantee pre-authorization/cashless approval which is subject to
 policy terms and conditions.
- Hospitals to extend cashless treatment only based on HITPA pre-authorization which needs to be obtained 72 hours prior to planned admission and in case of emergency within 24 hours of admission.
- The card is valid till the time policy is in force and has not been cancelled.
- In case of photo less ID card, insured member is required to produce another acceptable identity proof such as voter ID/Driving Licence/ Passport/ Adhaar card etc.
- Refer to our website www.hitpa.co.in for latest list of network hospitals or any other clarification



Health Insurance TPA of India Ltd.

2nd Floor, Majestic Omnia Building, A - 110, Sector - 4, Noida, UP - 201301 CIN - U85100DL2013PLC256581



युनाइटेड इंडिया इंश्यूरेन्स कं. लिमिटेड UNITED INDIA INSURANCE CO. LTD

Name RACHNA VERMA

Corporate NIRVANA SOLUTIONS INDIA PRIVATE

Age/Gender 47/Female EmployeeID 410

UHID 1122000029978603 PolicyUpTo 14 NOV 2023 Photo ID Proof to be provided along with HI TPA ID Card for availing cashless facility

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Name SAHIL VERMA

Corporate NIRVANA SOLUTIONS INDIA PRIVATE

Age/Gender 22/Male EmployeeID 410

UHID 1122000029978601 PolicyUpTo 14 NOV 2023 Photo ID Proof to be provided along with HI TPA ID Card for availing cashless facility

(Till expiry of the policy / Renewal without break from the same insurance co.)



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