

Beneficiary name: **Saikrishna Rathod**
Member ID: **13394685**
Employee code: **1432331**
Relation: **Self**
Date of birth: **22-Aug-1992**
Primary insured: **Saikrishna Rathod**
Policy start date: **01-Jun-2021**
Policy end date: **31-May-2022**
Policy holder: **OIPL-IDC GMC**
Insurer ID: **--**



Insured



CA13394685

Contact number: 7337779000

- 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.mediassisttpa.in

Medi Assist Insurance TPA Pvt. Ltd.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,
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Website: www.mediassisttpa.in Email: oracle_gmc@mediassist.in

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Beneficiary name: **Rathod Vittal**
Member ID: **19331422**
Employee code: **1432331**
Relation: **Father**
Date of birth: **01-Jan-1957**
Primary insured: **Saikrishna Rathod**
Policy start date: **01-Jun-2021**
Policy end date: **31-May-2022**
Policy holder: **OIPL-IDC GMC**
Insurer ID: **--**



Insured



CA19331422

Contact number: 7337779000

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Beneficiary name: **Parwathi Bai**
Member ID: **19331423**
Employee code: **1432331**
Relation: **Mother**
Date of birth: **01-Jan-1964**
Primary insured: **Saikrishna Rathod**
Policy start date: **01-Jun-2021**
Policy end date: **31-May-2022**
Policy holder: **OIPL-IDC GMC**
Insurer ID: **--**



Insured



CA19331423

Contact number: 7337779000

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United India Insurance Company Ltd.
Regd. & Head Office: 15, White Road, Chennai - 600 014

Beneficiary name: **Chavan Udaya Sri**
Member ID: **19331424**
Employee code: **1432331**
Relation: **Spouse**
Date of birth: **23-Aug-1995**
Primary insured: **Saikrishna Rathod**
Policy start date: **01-Jun-2021**
Policy end date: **31-May-2022**
Policy holder: **OIPL-IDC GMC**
Insurer ID: **--**



hms, india



CA19331424

Contact number: 7337779000

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Medi Assist Insurance TPA Pvt. Ltd.

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United India Insurance Company Ltd.
Regd. & Head Office: 15, White Road, Chennai - 600 014

Beneficiary name: **Baby of Udaya Sri**
Member ID: **24042230**
Employee code: **1432331**
Relation: **Daughter**
Date of birth: **21-May-2022**
Primary insured: **Saikrishna Rathod**
Policy start date: **01-Jun-2021**
Policy end date: **31-May-2022**
Policy holder: **OIPL-IDC GMC**
Insurer ID: **--**



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CA24042230

Contact number: 7337779000

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