

Beneficiary name: **Saranya E**
Member ID: **4054500948**
Employee code: **SH32377**
Relation: **Self**
Date of birth: **15 Dec 1994**
Primary insured: **Saranya E**
Valid upto: **26 Sep 2026**
Policy holder: **Star Health And Allied Insurance Company Limited**
Insurer ID: **--**



MA4054500948

Contact number: 1800 419 1152

- 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.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: U85199KA1999PTC025676
Website: www.mediassist.in Email: manjula.pechimuthu@mediassistindia.com

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Beneficiary name: **Nehru**
Member ID: **4054513582**
Employee code: **SH32377**
Relation: **Spouse**
Date of birth: **03 Mar 1993**
Primary insured: **Saranya E**
Valid upto: **26 Sep 2026**
Policy holder: **Star Health And Allied Insurance Company Limited**
Insurer ID: **--**



MA4054513582

Contact number: 1800 419 1152

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Beneficiary name: **Vikasini Neya N**
Member ID: **4054525272**
Employee code: **SH32377**
Relation: **Daughter**
Date of birth: **24 Aug 2019**
Primary insured: **Saranya E**
Valid upto: **26 Sep 2026**
Policy holder: **Star Health And Allied Insurance Company Limited**
Insurer ID: **--**



MA4054525272

Contact number: 1800 419 1152

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