

## **HEALTH CARD**



TPA ID No : 1079/NI0300457402

Name of Insured Person: Rev Fr Shinu Cherian Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 38 Gender:M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Shinu Cherian (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Policy No.: 360700/50/24/10002641

erify Photo

ID before

Safeway
Insurance TPA Pvt. Ltd. **HEALTH CARD** 

TPA ID No.: 1079/NI0300457403 Name of Insured Person: Reeha K Baby

Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Gender:F Age: 31

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

(MALANKARA ORTHODOX SYRIAN CHURCH)

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only.

2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless

3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission

4. For reimbursement claims, TPA has to be intimated within 7 days

of hospitalization and prior to discharge
All terms and conditions of the Insurance policy are applicable. 5.

For grievance redressal, login to insurance Company

verify Photo ID before Admiceion

Name of Policyholder: Rev Fr Shinu Cherian

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

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4 For reimbursement claims, TPA has to be intimated within 7 days

of hospitalization and prior to discharge

5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company



## **HEALTH CARD**



ID before

TPA ID No. : 1079/NI0300457404 Name of Insured Person: Kaleb G Zachariah Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 7

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Shinu Cherian (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in

Terms & Conditions

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of hospitalization and prior to discharge

5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company



## **HEALTH CARD**



verify Photo

ID before

Admission

5.

TPA ID No.: 1079/NI0300461038 Name of Insured Person: Chriss G Zacharia

Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 6 Gender : M Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Shinu Cherian (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

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