






 <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1088/NI0300457417</b></p> <p>Name of Insured Person: Rev Fr Shijo S Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 37 Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Shijo S (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SELF</p>	 <p style="text-align: center;"><b>Please verify Photo ID before Admission</b></p>
<p>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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>	

 <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1088/NI0300457418</b></p> <p>Name of Insured Person: Leeba Babu Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 37 Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Shijo S (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SPOUSE</p>	 <p style="text-align: center;"><b>Please verify Photo ID before Admission</b></p>
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 <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1088/NI0300461041</b></p> <p>Name of Insured Person: Katherine Lee John Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 6 Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Shijo S (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: DAUGHTER</p>	 <p style="text-align: center;"><b>Please verify Photo ID before Admission</b></p>
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 <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1088/NI0300461042</b></p> <p>Name of Insured Person: Karoline Lee John Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 1 Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Rev Fr Shijo S (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: DAUGHTER</p>	 <p style="text-align: center;"><b>Please verify Photo ID before Admission</b></p>
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