التعادية المعادية HEALTH CARD	Safeway Isurance TPA Pvt. Ltd.	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
TPA ID No. : 1095/NI0300457434		Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in
Name of Insured Person: Rev Fr Alexander Koodarathil(Reii K Address: CATHOLICATE OFFICE,		Terms & Conditions
DEVALOKAM P.O MUTTAMBALAM VIA.	verify Photo	1. This card is for identification purposes only.
KOTTAYAM, KERALA, 686004 Age: 57 Gender :M	ID before Admission	 For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. For planned hospitalization inform TPA at least 7 days before. For
Policy No.: 360700/50/24/10002641		 emergency cases, inform within 24 hours of admission 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.
Policy Period/Validity Period: 03/09/2024 - 02/09/2025		
Name of Policyholder: Rev Fr Alexander Koodarathil(Reji K		
J) For grievance redressal, login to insurance Company		
(MALANKARA ORTHODOX SYRIAN CHURCH)		
HEALTH CARD TPA ID No. : 1095/N10300457435 Name of Insured Person: Saramma M S Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 56 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Alexander Koodarathil(Ref	surance TPA Pvt. Ltd. Please verify Photo ID before Admission	 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 1. 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 5. All terms and conditions of the Insurance policy are applicable.
J) Fo		For grievance redressal, login to insurance Company
(MALANKARA ORTHODOX SYRIAN CHURCH)		