

## **HEALTH CARD**

Safeway Insurance TPA Pvt. Ltd.

TPA ID No. : 1132/NI0300457523

Name of Insured Person: Rev Fr K T Ealias Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Policy No.: 360700/50/24/10002641

Age: 75 Gender:M

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

Name of Policyholder: Rev Fr K T Ealias

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions This card is for identification purposes only.

Please verify Photo ID before

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

Emergency Contact no. of TPA: 011-45451300

Toll Free No. of TPA.: 18001025671

**HEALTH CARD** 



Name of Insured Person: Chinnamma E.C. Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA,

Gender :F Age: 73

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr K T Ealias

(MALANKARA ORTHODOX SYRIAN CHURCH)

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

This card is for identification purposes only.

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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

