HEALTH CARD         SECURE STREEMENT         TPA ID NO. : 1171/NI0300457617         Name of Insured Person: Rev Fr Joby Varghese         Address: CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,         KOTTAYAM, KERALA, 686004         Age: 40         Gender : M         Policy No.: 360700/50/24/10002641         Policy Period/Validity Period: 03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr Joby Varghese         (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder: SELF	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <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> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         SECURPTION FOR SUPERIOR OF TRADUCTION OF	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <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> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         Safeway         Insurance TPA PVL.Ltd.         TPA ID No. : 1171/NI0300457619         Name of Insured Person: Aaron Joby       Address: CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       Age: 12         Gender :M       Dibefore         Policy No.: 360700/50/24/10002641       Policy Period/Validity Period: 03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr Joby Varghese       (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder: SON       Son	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <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> <li>For grievance redressal, login to insurance Company</li> </ul>