

HEALTH CARD



TPA ID No. : 1196/NI0300457681

Name of Insured Person: Rev Fr Libin Raj Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 36 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Libin Raj

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Please verify Photo ID before

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.

Emergency Contact no. of TPA: 011-45451300

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 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.

For grievance redressal, login to insurance Company



HEALTH CARD



verify Photo

ID before

Admiceion

TPA ID No.: 1196/NI0300457682

Name of Insured Person: Bino M Daniel
Address: CATHOLICATE OFFICE,
DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 33 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Libin Raj

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

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

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

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For grievance redressal, login to insurance Company



HEALTH CARD



ID before

TPA ID No. : 1196/NI0300461079

Name of Insured Person: Nathan Thomas Philip 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 Libin Rai

(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

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For grievance redressal, login to insurance Company



HEALTH CARD



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ID before

Admission

TPA ID No. : 1196/NI0300461080

Name of Insured Person: Serah Mariyam Philip

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 1 Gender: F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Libin Raj

(MALANKARA ORTHODOX SYRIAN CHURCH)
Relationship with Policyholder: DAUGHTER

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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 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.

For grievance redressal, login to insurance Company