


HEALTH CARD




TPA ID No. : **1231/NI0300457782**
 Name of Insured Person: Rev Fr Eldose P J
 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 Eldose P J
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SELF

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.

For grievance redressal, login to insurance Company



HEALTH CARD




TPA ID No. : **1231/NI0300457783**
 Name of Insured Person: Jinshy M A
 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 Eldose P J
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SPOUSE

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.

For grievance redressal, login to insurance Company



HEALTH CARD




TPA ID No. : **1231/NI0300461094**
 Name of Insured Person: Eliyah John Eldose
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 2 Gender :M
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Rev Fr Eldose P J
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SON

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.

For grievance redressal, login to insurance Company



HEALTH CARD



TPA ID No. : **1231/NI0300461095**
 Name of Insured Person: Eva Mariya Eldose
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 5 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Rev Fr Eldose P J
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: DAUGHTER

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

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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