

## **HEALTH CARD**



ID before

TPA ID No. : 1240/NI0300457810

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

KOTTAYAM KERALA 686004 Gender:M

Age: 46 Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Boby Peter

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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

5.

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

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.

For grievance redressal, login to insurance Company

## **HEALTH CARD**



verify Photo

ID before

Admiceion

TPA ID No.: 1240/NI0300457811 Name of Insured Person: Elizabeth Varkey Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Gender:F Age: 41

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Boby Peter

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300

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2. For cashless benefit, treatment has to be taken in network

3. For planned hospitalization inform TPA at least 7 days before. For

of hospitalization and prior to discharge

All terms and conditions of the Insurance policy are applicable.

## **HEALTH CARD**



TPA ID No.: 1240/NI0300457812 Name of Insured Person: Abigail Boby Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:F Age: 12

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Boby Peter

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

ID before

**HEALTH CARD** 



verify Photo

ID before

Admission

TPA ID No.: 1240/NI0300457813

Name of Insured Person: Sangreal Boby Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 15 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Boby Peter

(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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5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

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Terms & Conditions

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