

HEALTH CARD



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ID before

TPA ID No.: 1248/NI0300457836

Name of Insured Person: Rev Fr Varghese P Cherian

Address: CATHOLICATE OFFICE,

Policy No.: 360700/50/24/10002641

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 37 Gender :M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese P Cherian

(MALANKARA ORTHODOX SYRIAN CHURCH)
Relationship with Policyholder: SELF

TPA Pvt. Ltd.

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

For reimbursement claims, TPA has to be intimated within 7 days
 of hospitalization and prior to discharge.

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



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Admiceion

TPA ID No.: 1248/NI0300457837
Name of Insured Person: Susan C George
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 Varghese P Cherian (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

1. This card is for identification purposes only.

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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



ID before

TPA ID No. : 1248/NI0300457838

Name of Insured Person: Ethan Cherian Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 7 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese P Cherian (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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HEALTH CARD



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Admission

TPA ID No. : 1248/NI0300461098

Name of Insured Person: Edwin George Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 4 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese P Cherian (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

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All terms and conditions of the Insurance policy are applicable.

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