

**HEALTH CARD**TPA ID No. : **1257/N10300457871**

Name of Insured Person: Rev Fr Jacob Roy N J  
 Address: CATHOLICATE OFFICE,  
 DEVALOKAM P.O MUTTAMBALAM VIA,  
 KOTTAYAM, KERALA, 686004  
 Age: 59 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Jacob Roy N 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 &amp; 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. : **1257/N10300457872**

Name of Insured Person: Suma K T  
 Address: CATHOLICATE OFFICE,  
 DEVALOKAM P.O MUTTAMBALAM VIA,  
 KOTTAYAM, KERALA, 686004  
 Age: 59 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Jacob Roy N 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

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