

## **HEALTH CARD**

**Safeway** 

ID before

TPA ID No · 1337/NI0300458087

Name of Insured Person: Rev Fr Paul Thomas Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM KERALA 686004 Gender:M Age: 45

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Paul Thomas (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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

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

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

TPA ID No.: 1337/NI0300458089 Name of Insured Person: Sara Paul Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 42

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Paul Thomas

(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

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5.

This card is for identification purposes only.

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

Emergency Contact no. of TPA: 011-45451300

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of hospitalization and prior to discharge

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

All terms and conditions of the Insurance policy are applicable.

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

website:www.safewaytpa.in

Terms & Conditions

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For grievance redressal, login to insurance Company

## **HEALTH CARD**



TPA ID No · 1337/NI0300458090 Name of Insured Person: Marina Paul 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 Paul Thomas

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

ID before

## **HEALTH CARD**



Name of Insured Person: Mariya Paul Address: CATHOLICATE OFFICE.

TPA ID No.: 1337/NI0300458091

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 14 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Paul Thomas (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER

verify Photo ID before Admission



arify Photo

ID before

TPA ID No.: 1337/NI0300461119

Name of Insured Person: Micah Paul Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender :M Age: 6

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Paul Thomas (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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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

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of hospitalization and prior to discharge

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

For grievance redressal, login to insurance Company