HEALTH CARD FIGURE STREET TPA ID NO. : 1364/NI0300460154 Name of Insured Person: Fr.Ajith Joseph Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 36 Gender :M Policy No.: 360700/50/24/10002641 Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Ajith Joseph (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 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 CARDSafewayInsurance TPA PVL.Ltd.TPA ID No. : 1364/N10300460265Name of Insured Person: Shynu K AlexanderAddress: CATHOLICATE OFFICE,DEVALOKAM P.O MUTTAMBALAM VIA,KOTTAYAM, KERALA, 686004Age: 32Gender : FPolicy No.: 360700/50/24/10002641Policy Period/Validity Period: 03/09/2024 - 02/09/2025Name of Policyholder: Fr.Ajith Joseph(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. 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 Safeway TPA ID No. : 1364/N10300460298 Name of Insured Person: Nitha Susan Daniel Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please 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: Fr.Ajith Joseph (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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