






 <p>HEALTH CARD</p> <p>TPA ID No. : 1385/NI0300460886</p> <p>Name of Insured Person: Fr.Shibin Varughese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 36 Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Shibin Varughese (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SELF</p>	 <p style="text-align: center;">Please verify Photo ID before Admission</p>
<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>	

 <p>HEALTH CARD</p> <p>TPA ID No. : 1385/NI0300460897</p> <p>Name of Insured Person: Susan K Wilson Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 35 Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Shibin Varughese (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SPOUSE</p>	 <p style="text-align: center;">Please verify Photo ID before Admission</p>
<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>	

 <p>HEALTH CARD</p> <p>TPA ID No. : 1385/NI0300460908</p> <p>Name of Insured Person: Abram Geevarghese Shibin Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 2 Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Shibin Varughese (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SON</p>	 <p style="text-align: center;">Please verify Photo ID before Admission</p>
<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>	

 <p>HEALTH CARD</p> <p>TPA ID No. : 1385/NI0300460919</p> <p>Name of Insured Person: Angel Elizabeth Shibin Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 6 Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Shibin Varughese (MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: DAUGHTER</p>	 <p style="text-align: center;">Please verify Photo ID before Admission</p>
<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>	