

## **HEALTH CARD**



TPA ID No · 1448/NI0300458343

Name of Insured Person: Fr.Saji Raju Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 42 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Saji Raju

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

ID before

Safeway
Insurance TPA Pvt. Ltd.

Please

verify Photo

ID before

Admiceion

5. For grievance redressal, login to insurance Company

Toll Free No. of TPA.: 18001025671

5.

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4.

TPA ID No.: 1448/NI0300458354

Name of Insured Person: Midhy Meria Kurian Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 38

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Saji Raju

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only.

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
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

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 4 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**

**HEALTH CARD** 



ID before

TPA ID No. : 1448/NI0300458365

Name of Insured Person: Jerome Paul Varghese Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 10

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Saji Raju

(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

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** 



verify Photo

ID before

Admission

5.

TPA ID No.: 1448/NI0300458377

Name of Insured Person: Jenny Ann Varghese Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

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.Saji Raju

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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- 2. For cashless benefit, treatment has to be taken in network
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- 4. 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