| HEALTH CARD   | Emergency Contact no. of TPA : 011-45451300<br>Toll Free No. of TPA. : 18001025671<br>Email ID of TPA: info@safewaytpa.in<br>website:www.safewaytpa.in<br>Terms & Conditions  |  |
|---|---|--|
| Address: CATHOLICATE OFFICE,<br>DEVALOKAM P.O MUTTAMBALAM VIA,<br>KOTTAYAM, KERALA, 686004<br>Age: 68 Gender :M<br>Policy No.: 360700/50/24/10002641<br>Policy Period/Validity Period: 03/09/2024 - 02/09/2025<br>Name of Policyholder: Rev Fr N G Philip<br>(MALANKARA ORTHODOX SYRIAN CHURCH)<br>Relationship with Policyholder: SELF   | Please   verify Photo   ID before   Admission   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        |  |
| TPA ID No. : 151/NI0300458147<br>Name of Insured Person: P D Sali   | Emergency Contact no. of TPA: 011-45451300<br>Toll Free No. of TPA: 18001025671<br>Email ID of TPA: info@safewaytpa.in<br>website:www.safewaytpa.in<br>Terms & Conditions   |  |
| Address: CATHOLICATE OFFICE,<br>DEVALOKAM P.O MUTTAMBALAM VIA,<br>KOTTAYAM, KERALA, 686004<br>Age: 58 Gender :F<br>Policy No.: 360700/50/24/10002641<br>Policy Period/Validity Period: 03/09/2024 - 02/09/2025<br>Name of Policyholder: Rev Fr N G Philip<br>(MALANKARA ORTHODOX SYRIAN CHURCH)<br>Relationship with Policyholder: SPOUSE | Please<br>verify Photo 1. This card is for identification purposes only.   1D before<br>Admission 2. For cashless benefit, treatment has to be taken in network<br>hospitals only. Preauthorization is compulsory for cashless.   3. For planned hospitalization inform TPA at least 7 days before. For<br>emergency cases, inform within 24 hours of admission   4. For reimbursement claims, TPA has to be intimated within 7 days<br>of hospitalization and prior to discharge   5. All terms and conditions of the Insurance policy are applicable.   For grievance redressal, login to insurance Company |  |