






	<b>HEALTH CARD</b>		
<b>TPA ID No. : 1534/NI0300460335</b> Name of Insured Person: Fr.Ivan Mathews Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 45      Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Ivan Mathews (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF			
		<b>Please verify Photo ID before Admission</b>	
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			
<ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol>			
For grievance redressal, login to insurance Company			

	<b>HEALTH CARD</b>		
<b>TPA ID No. : 1534/NI0300460336</b> Name of Insured Person: Sunu P Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 38      Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Ivan Mathews (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE			
		<b>Please verify Photo ID before Admission</b>	
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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For grievance redressal, login to insurance Company			

	<b>HEALTH CARD</b>		
<b>TPA ID No. : 1534/NI0300460337</b> Name of Insured Person: Arpitha Mariam Ivan Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 7      Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Ivan Mathews (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER			
		<b>Please verify Photo ID before Admission</b>	
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			
<ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol>			
For grievance redressal, login to insurance Company			

	<b>HEALTH CARD</b>		
<b>TPA ID No. : 1534/NI0300460338</b> Name of Insured Person: Niveditha Sara Ivan Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 3      Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Ivan Mathews (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER			
		<b>Please verify Photo ID before Admission</b>	
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			
<ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol>			
For grievance redressal, login to insurance Company			