

HEALTH CARD



ID before

TPA ID No. : 1542/NI0300460354

Name of Insured Person: Fr.Georgy K Alex Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Policy No.: 360700/50/24/10002641

Age: 32 Gender :M

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

Name of Policyholder: Fr.Georgy K Alex

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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.

Emergency Contact no. of TPA: 011-45451300

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

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



Please

verify Photo

ID before

Admiceion

TPA ID No. : 1542/NI0300460355

Name of Insured Person: Sheba Mariam Mathew Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 30 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Georgy K Alex

(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

5.

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ID before

TPA ID No. : **1542/NI0300460356**

Name of Insured Person: Ephrath Alex Georgy

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM KERALA 686004

Age: 3 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Georgy K Alex

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

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