

HEALTH CARD



ID before

TPA ID No : 1559/NI0300460406

Name of Insured Person: Fr. Augustine Mathew Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 65 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Augustine Mathew (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

5.

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

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



verify Photo

ID before

Admiceion

TPA ID No.: 1559/NI0300460407 Name of Insured Person: Hima Jacob Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 56

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr. Augustine Mathew (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

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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



ID before

TPA ID No. : 1559/NI0300460408

Name of Insured Person: Alfred Mathews Augustine

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 17

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Augustine Mathew (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

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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



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ID before

Admission

5.

TPA ID No.: 1559/NI0300460410

Name of Insured Person: Anita Ann Augustine

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Age: 20 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Augustine Mathew (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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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