

HEALTH CARD

HEALTH CARD

Safeway Insurance TPA Pvt. Ltd.

TPA ID No.: 1629/NI0300460608

Name of Insured Person: Fr.Jiji Thomas Address: CATHOLICATE OFFICE,

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

Policy No.: 360700/50/24/10002641

Age: 33 Gender:M

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

Name of Policyholder: Fr.Jiji Thomas

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

ID before

Safeway Insurance TPA Pvt. Ltd.

TPA ID No. : 1629/NI0300460610 Name of Insured Person: Selin Geevarghese Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Age: 27 Gender:F

Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Fr.Jiji Thomas

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

Emergency Contact no. of TPA: 011-45451300

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 For planned hospitalization inform TPA at least 7 days before. For

3. 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.

5.

For grievance redressal, login to insurance Company

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.

Please verify Photo ID before Admission

For grievance redressal, login to insurance Company