

HEALTH CARD



TPA ID No. : 1661/NI0300460691

Name of Insured Person: Fr.Tom Baby (Thomas)

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 32 Gender:M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Tom Baby (Thomas)

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Policy No.: 360700/50/24/10002641

verify Photo ID before

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

This card is for identification purposes only.

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

2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless

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



HEALTH CARD



Please

verify Photo

ID before

Admission

TPA ID No. : 1661/NI0300460692

Name of Insured Person: Molly Elizabeth Philip

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.Tom Baby (Thomas) (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

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of hospitalization and prior to discharge

5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company