

Please

verify Photo

ID before

Admission



Name of Insured Person: Fr.Kuriakose Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 46 Gender :M

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

Name of Policyholder: Fr.Kuriakose Varghese (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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

- 1.
- This card is for identification purposes only. For cashless benefit, treatment has to be taken in network 2. 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. 5.

For grievance redressal, login to insurance Company