









|   |  |   |
|---|--|---|
|  <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1721/NI0300460855</b></p> <p>Name of Insured Person: Fr.Mathew Varghese<br/>Address: CATHOLICATE OFFICE,<br/>DEVALOKAM P.O MUTTAMBALAM VIA,<br/>KOTTAYAM, KERALA, 686004<br/>Age: 51      Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Mathew Varghese<br/>(MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SELF</p> |  <p style="text-align: center;"><b>Please<br/>verify Photo<br/>ID before<br/>Admission</b></p> | <p>Emergency Contact no. of TPA : 011-45451300<br/>Toll Free No. of TPA. : 18001025671<br/>Email ID of TPA: info@safewaytpa.in<br/>website:www.safewaytpa.in<br/>Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p> |
|---|--|---|

|  |   |   |
|--|---|---|
|  <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1721/NI0300460856</b></p> <p>Name of Insured Person: Betty Mathew<br/>Address: CATHOLICATE OFFICE,<br/>DEVALOKAM P.O MUTTAMBALAM VIA,<br/>KOTTAYAM, KERALA, 686004<br/>Age: 46      Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Mathew Varghese<br/>(MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SPOUSE</p> |  <p style="text-align: center;"><b>Please<br/>verify Photo<br/>ID before<br/>Admission</b></p> | <p>Emergency Contact no. of TPA : 011-45451300<br/>Toll Free No. of TPA. : 18001025671<br/>Email ID of TPA: info@safewaytpa.in<br/>website:www.safewaytpa.in<br/>Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p> |
|--|---|---|

|  |   |   |
|--|---|---|
|  <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1721/NI0300460857</b></p> <p>Name of Insured Person: Akhil Varghese Mathew<br/>Address: CATHOLICATE OFFICE,<br/>DEVALOKAM P.O MUTTAMBALAM VIA,<br/>KOTTAYAM, KERALA, 686004<br/>Age: 22      Gender :M</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Mathew Varghese<br/>(MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: SON</p> |  <p style="text-align: center;"><b>Please<br/>verify Photo<br/>ID before<br/>Admission</b></p> | <p>Emergency Contact no. of TPA : 011-45451300<br/>Toll Free No. of TPA. : 18001025671<br/>Email ID of TPA: info@safewaytpa.in<br/>website:www.safewaytpa.in<br/>Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p> |
|--|---|---|

|   |   |   |
|---|---|---|
|  <p><b>HEALTH CARD</b></p> <p>TPA ID No. : <b>1721/NI0300460858</b></p> <p>Name of Insured Person: Anuja Elza Mathew<br/>Address: CATHOLICATE OFFICE,<br/>DEVALOKAM P.O MUTTAMBALAM VIA,<br/>KOTTAYAM, KERALA, 686004<br/>Age: 20      Gender :F</p> <p>Policy No.: 360700/50/24/10002641</p> <p>Policy Period/Validity Period: 03/09/2024 - 02/09/2025</p> <p>Name of Policyholder: Fr.Mathew Varghese<br/>(MALANKARA ORTHODOX SYRIAN CHURCH)</p> <p>Relationship with Policyholder: DAUGHTER</p> |  <p style="text-align: center;"><b>Please<br/>verify Photo<br/>ID before<br/>Admission</b></p> | <p>Emergency Contact no. of TPA : 011-45451300<br/>Toll Free No. of TPA. : 18001025671<br/>Email ID of TPA: info@safewaytpa.in<br/>website:www.safewaytpa.in<br/>Terms &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p> |
|---|---|---|