

## **HEALTH CARD**



TPA ID No.: 1735/NI0300460890

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

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 31 Gender:M

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

Name of Policyholder: Fr.Liju Thomas

Policy No.: 360700/50/24/10002641

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

ID before

verify Photo

ID before

Admiceion

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only.

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 emergency cases, inform within 24 hours of admission

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.

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

2.

3.

4.

5.

website:www.safewaytpa.in Terms & Conditions

This card is for identification purposes only.

For grievance redressal, login to insurance Company

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.

For grievance redressal, login to insurance Company

Safeway Insurance TPA Pvt. Ltd. TPA ID No.: 1735/NI0300460891 Name of Insured Person: Sanivo James Please Address: CATHOLICATE OFFICE,

**HEALTH CARD** 

KOTTAYAM, KERALA, 686004 Gender:F Age: 28

Policy No.: 360700/50/24/10002641

DEVALOKAM P.O MUTTAMBALAM VIA,

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

Name of Policyholder: Fr.Liju Thomas

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

## **HEALTH CARD**



TPA ID No. : 1735/NI0300460892

Name of Insured Person: Georgio Liju Thomas

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 3 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Liju Thomas

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

ID before

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.

For grievance redressal, login to insurance Company