

## **HEALTH CARD**

Safeway

ID before

TPA ID No.: 1788/NI0300456804

Name of Insured Person: Fr.Akhil Mathew Sam Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 31 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Akhil Mathew Sam (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

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

For grievance redressal, login to insurance Company



## **HEALTH CARD**



TPA ID No.: 1788/NI0300456805

Name of Insured Person: Dr.Shiji Mariam Varghese

Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Gender:F Age: 30 Policy No.: 360700/50/24/10002641

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only. verify Photo

ID before Admiceion

3. emergency cases, inform within 24 hours of admission 4 For reimbursement claims, TPA has to be intimated within 7 days.

2.

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

Name of Policyholder: Fr.Akhil Mathew Sam (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

of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.

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

For grievance redressal, login to insurance Company



## **HEALTH CARD**



ID before

TPA ID No. : 1788/NI0300456806

Name of Insured Person: Rebecca Ann Mathew

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Gender:F Age: 1

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Akhil Mathew Sam (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

website:www.safewaytpa.in Terms & Conditions

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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

Emergency Contact no. of TPA: 011-45451300

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

2.

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

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

For grievance redressal, login to insurance Company