






 <p><b>HEALTH CARD</b>  <b>Safeway</b> Insurance TPA Pvt. Ltd.</p> <p>TPA ID No. : <b>1800/NI0300456834</b>  Name of Insured Person: Fr.Yohannan K  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.Yohannan K  (MALANKARA ORTHODOX SYRIAN CHURCH)  Relationship with Policyholder: SELF</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> <b>Please verify Photo ID before Admission</b> </div>	<p>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 &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>
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 <p><b>HEALTH CARD</b>  <b>Safeway</b> Insurance TPA Pvt. Ltd.</p> <p>TPA ID No. : <b>1800/NI0300456835</b>  Name of Insured Person: Soumya P.U  Address: CATHOLICATE OFFICE,  DEVALOKAM P.O MUTTAMBALAM VIA,  KOTTAYAM, KERALA, 686004  Age: 40 Gender :F  Policy No.: 360700/50/24/10002641  Policy Period/Validity Period: 03/09/2024 - 02/09/2025  Name of Policyholder: Fr.Yohannan K  (MALANKARA ORTHODOX SYRIAN CHURCH)  Relationship with Policyholder: SPOUSE</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> <b>Please verify Photo ID before Admission</b> </div>	<p>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 &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>
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 <p><b>HEALTH CARD</b>  <b>Safeway</b> Insurance TPA Pvt. Ltd.</p> <p>TPA ID No. : <b>1800/NI0300456836</b>  Name of Insured Person: Minha Ann Yohannan  Address: CATHOLICATE OFFICE,  DEVALOKAM P.O MUTTAMBALAM VIA,  KOTTAYAM, KERALA, 686004  Age: 12 Gender :F  Policy No.: 360700/50/24/10002641  Policy Period/Validity Period: 03/09/2024 - 02/09/2025  Name of Policyholder: Fr.Yohannan K  (MALANKARA ORTHODOX SYRIAN CHURCH)  Relationship with Policyholder: DAUGHTER</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> <b>Please verify Photo ID before Admission</b> </div>	<p>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 &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>
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 <p><b>HEALTH CARD</b>  <b>Safeway</b> Insurance TPA Pvt. Ltd.</p> <p>TPA ID No. : <b>1800/NI0300456837</b>  Name of Insured Person: Mishma Mary Yohannan  Address: CATHOLICATE OFFICE,  DEVALOKAM P.O MUTTAMBALAM VIA,  KOTTAYAM, KERALA, 686004  Age: 10 Gender :F  Policy No.: 360700/50/24/10002641  Policy Period/Validity Period: 03/09/2024 - 02/09/2025  Name of Policyholder: Fr.Yohannan K  (MALANKARA ORTHODOX SYRIAN CHURCH)  Relationship with Policyholder: DAUGHTER</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> <b>Please verify Photo ID before Admission</b> </div>	<p>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 &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>
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