TPA ID No. : 1809/N10300456852 Name of Insured Person: Fr.Lijo Lawrance	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
Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 32 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Lijo Lawrance (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	Please vorify Photo ID before Admission 1. 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
TPA ID No. : 1809/NI0300456853 Name of Insured Person: Silbe Mathew	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
Address: CATHOLICATE OFFICE,	Please 1. This card is for identification purposes only. 1D before Admission Admission 5. 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