TPA ID No. : 1994/NI0300457159 Name of Insured Person: Fr. Jobin P Saji	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     DEVALOKAM P.O MUTTAMBALAM VIA,   Verify P     KOTTAYAM, KERALA, 686004   ID bef     Age: 34   Gender :M   Admiss     Policy No.:   360700/50/24/10002641   Admiss     Policy Period/Validity Period:   03/09/2024 - 02/09/2025   Name of Policyholder:     Name of Policyholder:   Fr.Jobin P Saji   (MALANKARA ORTHODOX SYRIAN CHURCH)     Relationship with Policyholder:   SELF   SELF	This card is for identification purposes only. For cashless benefit, treatment has to be taken in network borshilds only. Preauthorization is compulsory for cashless
TPA ID No. : <b>1994/NI0300457160</b> Name of Insured Person: Angel Sam	Pvt. Ltd. Toll Free No. of TPA. : 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions
Address:   CATHOLICATE OFFICE,   Please     DEVALOKAM P.O MUTTAMBALAM VIA,   vorify P     KOTTAYAM, KERALA, 686004   ID bef     Age: 29   Gender :F     Policy No.:   360700/50/24/10002641     Policy Period/Validity Period:   03/09/2024 - 02/09/2025     Name of Policyholder:   Fr.Jobin P Saji	1.   This card is for identification purposes only.     Increasion   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.
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE	For grievance redressal, login to insurance Company