

HEALTH CARD




TPA ID No. : 2001/N10300457175
 Name of Insured Person: Fr.Geevarghese Jose
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 36 Gender :M
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Geevarghese Jose
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SELF

**Please
verify Photo
ID before
Admission**

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

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


HEALTH CARD




TPA ID No. : 2001/N10300457176
 Name of Insured Person: Florencia Joseph
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 31 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Geevarghese Jose
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SPOUSE

**Please
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Admission**

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

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


HEALTH CARD


TPA ID No. : 2001/N10300457178
 Name of Insured Person: Genesis Mariam George
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 1 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Geevarghese Jose
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: DAUGHTER

**Please
verify Photo
ID before
Admission**

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

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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.

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