HEALTH CARDITPA ID No. : 217/NI0300458272Name of Insured Person: Rev Fr Kuruvilla MathewAddress: CATHOLICATE OFFICE,DEVALOKAM P.O MUTTAMBALAM VIA,KOTTAYAM, KERALA, 686004Age: 62 Gender :MPolicy No.: 360700/50/24/10002641Policy Period/Validity Period: 03/09/2024 - 02/09/2025Name of Policyholder: Rev Fr Kuruvilla Mathew(MALANKARA ORTHODOX SYRIAN CHURCH)Relationship with Policyholder: SELF	surance TPA Pvt. Ltd. Please verify Photo ID before Admission	<ul> <li>Emergency Contact no. of TPA : 011-45451300</li> <li>Toll Free No. of TPA : 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <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> <li>For grievance redressal, login to insurance Company</li> </ul>
TPA ID No. : 217/NI0300458273 Name of Insured Person: Suja Kuruvilla	Safeway surance TPA Pvt. Ltd.	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: 59 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Kuruvilla Mathew (MALANKARA ORTHODOX SYRIAN CHURCH)	Please verify Photo ID before Admission	<ol> <li>This card is for identification purposes only.</li> <li>For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ol>
Relationship with Policyholder: SPOUSE		