

HEALTH CARD



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TPA ID No · 264/NI0300458371

Name of Insured Person: Rev Fr Dr Thomson Grace

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 59 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Thomson Grace (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

website:www.safewaytpa.in

Terms & Conditions

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

- 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
 All terms and conditions of the Insurance policy are applicable. 5.

For grievance redressal, login to insurance Company

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emergency cases, inform within 24 hours of admission

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For reimbursement claims, TPA has to be intimated within 7 days.

All terms and conditions of the Insurance policy are applicable.



HEALTH CARD



TPA ID No.: 264/NI0300458372

Name of Insured Person: Jissy K George Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Gender:F Age: 51

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Thomson Grace (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

2.

3.

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5.

verify Photo ID before

Admiceion

HEALTH CARD



ID before

TPA ID No · 264/NI0300458373

Name of Insured Person: Grace Thomson Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 23 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Thomson Grace (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

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 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



Admission

TPA ID No.: 264/NI0300458374

Name of Insured Person: Merin Thomson Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 22 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Thomson Grace (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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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- 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