HEALTH CARD FOR ID NO. : 284/N10300458422 Name of Insured Person: Rev Fr K K Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 57 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr K K Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	<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>
HEALTH CARDSafewayInsurance TPA PVL. Ltd.TPA ID No. : 284/N10300458423Name of Insured Person: Annie P GAddress: CATHOLICATE OFFICE,DEVALOKAM P.O MUTTAMBALAM VIA,KOTTAYAM, KERALA, 686004Age: 53 Gender : FPolicy No.: 360700/50/24/10002641Policy Period/Validity Period: 03/09/2024 - 02/09/2025Name of Policyholder: Rev Fr K K Varghese(MALANKARA ORTHODOX SYRIAN CHURCH)Relationship with Policyholder: SPOUSE	<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>
HEALTH CARD Safeway TPA ID No. : 284/N10300458424 Name of Insured Person: Ajith Varghese 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 K K Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	<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</li> <li>hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For</li> <li>emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days</li> <li>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>