

HEALTH CARD



TPA ID No · 340/NI0300458588

Name of Insured Person: Rev Fr George P.T Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA.

KOTTAYAM KERALA 686004

Age: 53 Gender:M Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr George P.T

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

website:www.safewaytpa.in Terms & Conditions 2.

3.

4.

5.

ID before

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

This card is for identification purposes only. 2.

For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only.

For cashless benefit, treatment has to be taken in network

hospitals only. Preauthorization is compulsory for cashless

For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission

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.

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

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

For grievance redressal, login to insurance Company

HEALTH CARD



verify Photo

ID before

Admiceion

TPA ID No.: 340/NI0300458589

Name of Insured Person: Jossy John Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 45

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr George P.T

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

HEALTH CARD



TPA ID No.: 340/NI0300458590 Name of Insured Person: Basil George Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 20 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr George P.T

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

ID before

HEALTH CARD



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ID before

Admission

TPA ID No.: 340/NI0300458591

Name of Insured Person: Joicy George 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 George P.T

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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

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.

For grievance redressal, login to insurance Company