HEALTH CARDSigned StatesTPA ID No. : 373/NI0300458693Name of Insured Person: Rev Fr John PhiliposeAddress: CATHOLICATE OFFICE,DEVALOKAM P.O MUTTAMBALAM VIA,KOTTAYAM, KERALA, 686004Age: 52Gender :MPolicy No.: 360700/50/24/10002641Policy Period/Validity Period: 03/09/2024 - 02/09/2025Name of Policyholder: Rev Fr John Philipose(MALANKARA ORTHODOX SYRIAN CHURCH)Relationship with Policyholder: SELF	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 Safeway Insurance TPA Pvt. Ltd. TPA ID No. : 373/N10300458694 Name of Insured Person: Anu P T Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please Verify Photo ID before Adge: 49 Gender :F Policy No.: 360700/50/24/10002641 Admission Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr John Philipose (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 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 Safeway TPA ID No. : 373/NI0300458695 Name of Insured Person: Gregory John Philipose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 ID before Age: 17 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr John Philipose (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON 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 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 Safeway TPA ID No. : 373/NI0300458696 Name of Insured Person: Aaron John Philipose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 ID before 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 John Philipose (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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