HEALTH CARD 🚵 Safeway	Emergency Contact no. of TPA: 011-45451300
HEALTH CARD	Toll Free No. of TPA. : 18001025671
TPA ID No. : 389/NI0300458742	Email ID of TPA: info@safewaytpa.in
Name of Insured Person: Rev Fr Saji Varghese	website:www.safewaytpa.in Terms & Conditions
Address: CATHOLICATE OFFICE, Please	
DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo	1. This card is for identification purposes only.
KOTTAYAM, KERALA, 686004 ID before	 For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.
Age: 51 Gender :M	3. For planned hospitalization inform TPA at least 7 days before. For
Policy No.: 360700/50/24/10002641	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
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	 All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Rev Fr Saji Varghese	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SELF	
HEALTH CARD 🚵 Safeway	Emergency Contact no. of TPA: 011-45451300
भारतन्तर इनस्योरेन्स National Insurance	Toll Free No. of TPA. : 18001025671 Email ID of TPA: info@safewaytpa.in
TPA ID No. : 389/NI0300458744	website:www.safewaytpa.in
Name of Insured Person: Sophia P Abraham	Terms & Conditions
Address: CATHOLICATE OFFICE, Please	1 This cord is for identification numbers only
DEVALOKAM P.O MUTTAMBALAM VIA, Verify Photo	 This card is for identification purposes only. For cashless benefit, treatment has to be taken in network
KOTTAYAM, KERALA, 686004 Admission	hospitals only. Preauthorization is compulsory for cashless.
Age: 50 Gender :F	3. For planned hospitalization inform TPA at least 7 days before. For
Policy No.: 360700/50/24/10002641	 emergency cases, inform within 24 hours of admission For reimbursement claims, TPA has to be intimated within 7 days
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Rev Fr Saji Varghese	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SPOUSE	
HEALTH CARD FIGURATE STRATCHENER TPA ID No. : 389/NI0300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender :M Policy No.: 360700/50/24/10002641	 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
TPA ID No. : 389/NI0300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender :M	 Toil 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
TPA ID No. : 389/NI0300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 ID before Age: 19 Gender :M Policy No.: 360700/50/24/10002641	 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
TPA ID No. : 389/N10300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025	 Toil 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
TPA ID No. : 389/N10300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 ID before Age: 19 Gender :M Policy No.: 360700/50/24/10002641 Admission Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Saji Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Hease	 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. 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.
TPA ID No. : 389/N10300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender : M Policy No.: 360700/50/24/10002641 Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Saji Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	 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 Emergency Contact no. of TPA: 011-45451300
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TPA ID No. : 389/NI0300458745 Name of Insured Person: Gregory S Abraham Amayil Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 19 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Saji Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD France TPA Pvt. Ltd. TPA ID No. : 389/NI0300458746 Name of Insured Person: Abel S Varughese Amayil Address: CATHOLICATE OFFICE, Please	 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 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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