HEALTH CARDSafeway Isurance TPA PVL Ltd.TPA ID No. : 423/N10300458861Name of Insured Person: Rev Fr John P Oommen Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 49 Gender :MPlease verify Photo ID before AdmissionPolicy No.: 360700/50/24/10002641Policy Period/Validity Period: 03/09/2024 - 02/09/2025Name of Policyholder: Rev Fr John P Oommen (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</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 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         Insurance TPA PVL.Ltd.         TPA ID No. : 423/NI0300458862         Name of Insured Person: Meera John       Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please       verify Photo         ID before       Admission         Policy No.:       360700/50/24/10002641       Defore         Policy Period/Validity Period:       03/09/2024 - 02/09/2025       Name of Policyholder: Rev Fr John P Oommen         (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</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 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         Summer S	<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         Insurance TPA PVL Ltd.         TPA ID No. : 423/NI0300458864         Name of Insured Person: Neha Deena John         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       Age: 16         Gender :F       Policy No.: 360700/50/24/10002641         Policy Period/Validity Period: 03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr John P Oommen         (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder: DAUGHTER	<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>