

HEALTH CARD



ID before

TPA ID No · 427/NI0300458875 Name of Insured Person: Rev Fr Reji M P Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA.

KOTTAYAM KERALA 686004 Age: 49 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Reji M P

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

Toll Free No. of TPA.: 18001025671

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

For grievance redressal, login to insurance Company

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Admiceion

TPA ID No.: 427/NI0300458877 Name of Insured Person: Rose Dyana Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 48

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Reji M P

(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

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of hospitalization and prior to discharge

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

For grievance redressal, login to insurance Company

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ID before

TPA ID No · 427/NI0300458878

Name of Insured Person: Aswin M Kuriakose Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 21 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Reji M P

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: 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

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of hospitalization and prior to discharge

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For grievance redressal, login to insurance Company



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Admission

TPA ID No.: 427/NI0300458879 Name of Insured Person: Alan M Kuriakose

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 Reji M P

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: 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

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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