HEALTH CARD SAFEWAY TPA ID No. : 436/NI0300458904 Name of Insured Person: Rev Fr Joseph Mathew 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 Joseph Mathew (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	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA : 18001025671
INSTITUTION IN SQUIRE ROO	Email ID of TPA: info@safewaytpa.in
TPA ID No. : 436/NI0300458905	website:www.safewaytpa.in
Name of Insured Person: Reena Joseph Address: CATHOLICATE OFFICE,	Terms & Conditions
DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo	1. This card is for identification purposes only.
DEVALORAWIT.O WOTTAWDALAWIVIA,	2. For cashless benefit, treatment has to be taken in network
KOTTAYAM, KERALA, 686004 Age: 45 Gender :F	hospitals only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA at least 7 days before. For
8	emergency cases, inform within 24 hours of admission
Policy No.: 360700/50/24/10002641	4. 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 discharge5. All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Rev Fr Joseph Mathew	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SPOUSE	
मंगनत इन्स्योरेन्स HEALTH CARD 🚵 Safeway	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
National Insurance	Email ID of TPA: info@safewaytpa.in
TPA ID No. : 436/NI0300458906	website:www.safewaytpa.in
Name of Insured Person: Elsa Joseph Address: CATHOLICATE OFFICE. Please	Terms & Conditions
Address: CATHOLICATE OFFICE, Please DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo	1. This card is for identification purposes only.
KOTTAYAM, KERALA, 686004	2. For cashless benefit, treatment has to be taken in network
Admission Age: 23 Gender :F	 hospitals only. Preauthorization is compulsory for cashless. For planned hospitalization inform TPA at least 7 days before. For
8	emergency cases, inform within 24 hours of admission
Policy No.: 360700/50/24/10002641	 For reimbursement claims, TPA has to be intimated within 7 days of benefitalization and prior to discharge.
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 Joseph Mathew	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: DAUGHTER	