

## **HEALTH CARD**



ID before

TPA ID No · 455/NI0300458970

Name of Insured Person: Rev Fr Santhosh Samuel K

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 48 Gender:M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Santhosh Samuel K (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Policy No.: 360700/50/24/10002641

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

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



## **HEALTH CARD**



Please

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ID before

Admiceion

TPA ID No.: 455/NI0300458971 Name of Insured Person: Libinu Santhosh Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 46

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Santhosh Samuel K (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671

website:www.safewaytpa.in Terms & Conditions

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Email ID of TPA; info@safewaytpa.in

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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.

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All terms and conditions of the Insurance policy are applicable.

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

2.

3

4.

5.



## **HEALTH CARD**



TPA ID No : 455/NI0300458972

Name of Insured Person: Aradhana Ann Santhosh

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:F Age: 12

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Santhosh Samuel K (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

ID before



## **HEALTH CARD**



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Admission

TPA ID No.: 455/NI0300458973

Name of Insured Person: Anugraha Sara Santhosh

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 18 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Santhosh Samuel K (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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emergency cases, inform within 24 hours of admission

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

For grievance redressal, login to insurance Company