

## **HEALTH CARD**



TPA ID No · 462/NI0300458991

Name of Insured Person: Rev Fr Joshua Abraham

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 48 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Joshua Abraham (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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Admiceion

Safeway
Insurance TPA Pvt. Ltd. **HEALTH CARD** 

TPA ID No.: 462/NI0300461056

Name of Insured Person: Sobha John Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Gender:F Age: 43

Policy No.: 360700/50/24/10002641

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

Relationship with Policyholder: SPOUSE

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

Toll Free No. of TPA.: 18001025671

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

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

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

## **HEALTH CARD**



ID before

TPA ID No · 462/NI0300461067

Name of Insured Person: Alfin Joshua Abraham

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 13

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Joshua Abraham (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

## **HEALTH CARD**



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ID before

Admission

TPA ID No.: 462/NI0300461078 Name of Insured Person: Diva Acha Joshua

Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 19 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Joshua Abraham (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

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3. For planned hospitalization inform TPA at least 7 days before. For

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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