

### **HEALTH CARD**



verify Photo

ID before

TPA ID No.: 469/NI0300459011

Name of Insured Person: Rev Fr Varghese M Varghese (Gino Var

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

 $KOTTAYAM,\,KERALA,\,686004$ 

Policy No.: 360700/50/24/10002641

Age: 47 Gender :M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese M Varghese (Gino

Varghese)

(MALANKARA ORTHODOX SYRIAN CHURCH)

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

This card is for identification purposes only.

 For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.

 For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission

 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.

For grievance redressal, login to insurance Company



#### **HEALTH CARD**



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ID before

TPA ID No. : 469/NI0300459012

Name of Insured Person: Divya Philip Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 42 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese M Varghese (Gino

Varghese)

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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.: 469/NI0300459013

Name of Insured Person: Gaik Gino Varghese

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

KOTTAYAM, KERALA, 686004

Age: 13 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Varghese M Varghese (Gino

Varghese)

(MALANKARA ORTHODOX SYRIAN CHURCH)

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# **HEALTH CARD**



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Admission

TPA ID No. : 469/NI0300459014

Name of Insured Person: Philip Gino Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 14 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese M Varghese (Gino

Varghese )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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 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

TPA ID No. : 469/NI0300459015

Name of Insured Person: Georgy Gino Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 16 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Varghese M Varghese (Gino

Varghese )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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