HEALTH CARD Safeway TPA ID No. : 482/NI0300459039 Name of Insured Person: Rev Fr Shalu Lukose Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 46 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Shalu Lukose (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 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
Relationship with Policyholder: SELF	
HEALTH CARD Safeway Insurance TPA PVL.Ltd. TPA ID No. : 482/N10300459040 Name of Insured Person: Asha K Joy Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 41 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Shalu Lukose (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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 TPA ID No. : 482/NI0300459041 Name of Insured Person: Theertha S Jacob 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 Shalu Lukose (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 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 TPA ID No. : 482/NI0300459042 Name of Insured Person: Ardra S Jacob Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please Varify Photo ID before Age: 20 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Shalu Lukose (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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