TPA ID No. : 543/NI0300459159	afeway rance TPA Pvt. Ltd.	Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in
Name of Insured Person: Rev Fr Baby Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 71 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Baby Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	Please verify Photo ID before Admission	<ol> <li>Terms &amp; Conditions</li> <li>This card is for identification purposes only.</li> <li>For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ol>
TPA ID No. : 543/NI0300459160 Name of Insured Person: Rachel Baby Varughese	afeway rance TPA Pvt. Ltd.	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
Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 67 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Baby Varghese	Please verify Photo ID before Admission	<ol> <li>This card is for identification purposes only.</li> <li>For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>All terms and conditions of the Insurance policy are applicable.</li> </ol>
(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE		For grievance redressal, login to insurance Company

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