

HEALTH CARD


TPA ID No. : 55/N10300459172
 Name of Insured Person: V Rev John Daniel Cor Episcopa
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 78 Gender :M
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: V Rev John Daniel Cor Episcopa
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SELF

**Please
verify Photo
ID before
Admission**

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


TPA ID No. : 55/N10300459173
 Name of Insured Person: Grace John
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 75 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: V Rev John Daniel Cor Episcopa
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SPOUSE

**Please
verify Photo
ID before
Admission**

Emergency Contact no. of TPA : 011-45451300
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