HEALTH CARD Safeway Insurance TPA Pvt. Ltd. TPA ID No. : 557/N10300459189 Name of Insured Person: Rev Fr Joy Mulackalethu Skaria	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, Please DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo KOTTAYAM, KERALA, 686004 ID before Age: 62 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joy Mulackalethu Skaria (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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 Safeway TPA ID No. : 557/NI0300459190 Name of Insured Person: Anu M Joy Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 Age: 52 Gender :F Gender :F	 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
Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joy Mulackalethu Skaria (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE	 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