

HEALTH CARD



TPA ID No. : 567/N10300459206

Name of Insured Person: Rev Fr Dr Varghese Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 59 Gender:M

Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Dr Varghese Varghese (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network

3.

4.

5.

verify Photo ID before

Please

verify Photo

ID before

Admiceion

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in

For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300

Toll Free No. of TPA.: 18001025671

Terms & Conditions

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

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.

- 4 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.

5.

For grievance redressal, login to insurance Company

HEALTH CARD

Safeway
Insurance TPA Pvt. Ltd. TPA ID No.: 567/NI0300459207 Name of Insured Person: Priva V Chacko

Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Gender:F Age: 51 Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Varghese Varghese (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

HEALTH CARD



ID before

TPA ID No.: 567/NI0300459208 Name of Insured Person: Jacob Varghese Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 24 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Varghese Varghese (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

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.
- 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