

HEALTH CARD



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TPA ID No : 573/NI0300459223

Name of Insured Person: Rev Fr Alexy Mathew Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 55 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Alexy Mathew (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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
All terms and conditions of the Insurance policy are applicable.

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hospitals only. Preauthorization is compulsory for cashless

emergency cases, inform within 24 hours of admission

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For reimbursement claims, TPA has to be intimated within 7 days

All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

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



HEALTH CARD



TPA ID No.: 573/NI0300459224 Name of Insured Person: Pratibha Joh Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 48

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Alexy Mathew

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE

verify Photo ID before Admiceion

For grievance redressal, login to insurance Company

of hospitalization and prior to discharge



HEALTH CARD



ID before

TPA ID No.: 573/NI0300459225

Name of Insured Person: Elvin Jobsy Mathews

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM KERALA 686004

Gender:M Age: 18 Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Alexy Mathew (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

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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



verify Photo

ID before

Admission

TPA ID No.: 573/NI0300459226

Name of Insured Person: Emil Alexy Mathews

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 23 Gender : M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Alexy Mathew (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

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