

## **HEALTH CARD**



ID before

TPA ID No : 591/NI0300459280

Name of Insured Person: Rev Fr Moncy Chacko Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 48 Gender:M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Moncy Chacko (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

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**



ID before

Admiceion

TPA ID No.: 591/NI0300459281

Name of Insured Person: Ligi Elizabath Mathew

Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Gender:F Age: 42

Policy No.: 360700/50/24/10002641

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

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671

5.

This card is for identification purposes only. verify Photo

2. For cashless benefit, treatment has to be taken in network

Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

hospitals only. Preauthorization is compulsory for cashless

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

of hospitalization and prior to discharge

Emergency Contact no. of TPA: 011-45451300

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Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

2.

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4.

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## **HEALTH CARD**



TPA ID No.: 591/NI0300459282

Name of Insured Person: Hedhiya Elizabath Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:F

Age: 11 Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Moncy Chacko (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

ID before

## **HEALTH CARD**



verify Photo

ID before

Admission

TPA ID No.: 591/NI0300459283

Name of Insured Person: Hanna Mariam Varghese

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 14 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Moncy Chacko (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671

Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in

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