

### **HEALTH CARD**



ID before

TPA ID No.: 640/NI0300459401

Name of Insured Person: Rev Fr S V Mathew Thuvayoor (Shine

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 51 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr S V Mathew Thuvayoor (Shine

V Mathew )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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.

 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**



verify Photo

ID before

TPA ID No.: **640/NI0300459402**Name of Insured Person: Siny Kuniukuniu

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

KOTTAYAM, KERALA, 686004 Age: 45 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr S V Mathew Thuvayoor (Shine

V Mathew)

(MALANKARA ORTHODOX SYRIAN CHURCH)

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of hospitalization and prior to discharge

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## **HEALTH CARD**



ID before

TPA ID No.: 640/NI0300459403

Name of Insured Person: Adoniyah Elizabeth Mathew

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Age: 12 Gender :F Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr S V Mathew Thuvayoor (Shine

V Mathew )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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# **HEALTH CARD**



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ID before

Admission

TPA ID No. : **640/NI0300459404** 

Name of Insured Person: Adorirah Mariam Mathew

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 12 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr S V Mathew Thuvayoor (Shine

V Mathew )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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# **HEALTH CARD**



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ID before

 ${\rm TPA~ID~No.}: 640/NI0300461148$ 

Name of Insured Person: Adriel Varghese Mathew

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

KOTTAYAM, KERALA, 686004 Age: 6 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr S V Mathew Thuvayoor (Shine

V Mathew )

(MALANKARA ORTHODOX SYRIAN CHURCH)

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