HEALTH CARD FIGURE SCHEDUCED INSURANCE TRADUCED INSURANCE TRADUCED INSURANCE TRADUCED INSURANCE TRADUCED INSURANCE TRADUCED IN INSURANCE INSUL	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         Safeway         Insurance TPA Pvt. Ltd.         TPA ID No. : 682//N10300459504         Name of Insured Person: Ambili Thomas         Address: CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,         KOTTAYAM, KERALA, 686004         Age: 42       Gender :F         Policy No.: 360700/50/24/10002641         Policy Period/Validity Period: 03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr Thomas P Mukalil         (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder: SPOUSE	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website.www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         Safeway         TPA ID No. : 682/N10300459505         Name of Insured Person: Dane P Thomas         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       ID before         Age: 15       Gender :M         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder:       Rev Fr Thomas P Mukalil         (MALANKARA ORTHODOX SYRIAN CHURCH)       Relationship with Policyholder:	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         Safeway         Insurance TPA Pvt. Ltd.         TPA ID No. : 682/N10300459506         Name of Insured Person: Serah Rachel Thomas         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 Thomas P Mukalil         (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder: DAUGHTER	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ul>
HEALTH CARD         Safeway         Insurance TPA Pvt. Ltd.         TPA ID No. : 682/N10300459507         Name of Insured Person: Emma Mariam Thomas         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       ID before         Age: 16       Gender :F         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr Thomas P Mukalil       (MALANKARA ORTHODOX SYRIAN CHURCH)         Relationship with Policyholder:       DAUGHTER	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <li>Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in</li> <li>website:www.safewaytpa.in</li> <li>Terms &amp; Conditions</li> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network</li> <li>hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For</li> <li>emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days</li> <li>of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> </ul>