

HEALTH CARD

Safeway

ID before

TPA ID No · 693/NI0300459528

Name of Insured Person: Rev Fr Dr Jacob John Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 48

Policy No.: 360700/50/24/10002641

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

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

Relationship with Policyholder: SELF

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.

Emergency Contact no. of TPA: 011-45451300

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 4. 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



TPA ID No.: 693/NI0300461155

Name of Insured Person: Nisha Thankachan Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Gender:F Age: 43

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Dr Jacob John

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE

verify Photo ID before Admiceion

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TPA ID No : 693/NI0300461157

Name of Insured Person: Raziel Johan Jacob Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 7

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Dr Jacob John (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.

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

For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only

of hospitalization and prior to discharge

For grievance redressal, login to insurance Company

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hospitals only. Preauthorization is compulsory for cashless

emergency cases, inform within 24 hours of admission

For planned hospitalization inform TPA at least 7 days before. For

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

All terms and conditions of the Insurance policy are applicable.

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

website:www.safewaytpa.in

Terms & Conditions

HEALTH CARD



ID before

HEALTH CARD



TPA ID No.: 693/NI0300461158

Name of Insured Person: Sandra Anna Jacob Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 17 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Dr Jacob John (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

verify Photo ID before Admission

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 2.

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

HEALTH CARD



TPA ID No.: 693/NI0300461159

Name of Insured Person: Sreya Mariam Jacob Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 15 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Dr Jacob John (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

arify Photo ID before

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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For grievance redressal, login to insurance Company