HEALTH CARD Single	 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 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitalis only. Preauthorization is compulsory for cashless. 3. For planned hospitalization inform TPA ta 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 Safeway TPA ID No. : 702/NI0300459547 Name of Insured Person: Siji Philip Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please Varify Photo ID before Age: 38 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Binu Easo Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE Security	 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 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitalis 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 Safeway TPA ID No. : 702/NI0300459548 Name of Insured Person: Sean Binu Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 ID before Age: 9 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Binu Easo Varghese (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 1. 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 5. All terms and conditions of the Insurance policy are applicable. For grievance redressal, login to insurance Company
HEALTH CARD Safeway TPA ID No. : 702/NI0300459549 Name of Insured Person: Steve Binu Philip Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 9 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Binu Easo Varghese (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 1. 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 5. All terms and conditions of the Insurance policy are applicable. For grievance redressal, login to insurance Company
HEALTH CARD Safeway TPA ID No. : 702/NI0300461160 Name of Insured Person: Sheba Susan Binu Address: CATHOLICATE OFFICE, DEVALOKAM P.O. MUTTAMBALAM VIA, Please KOTTAYAM, KERALA, 686004 Age: 6 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Binu Easo Varghese (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder:	 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 1. This card is for identification purposes only. 2. For cashless benefit, treatment has to be taken in network hospitalis 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