HEALTH CARD	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA : 18001025671
TPA ID No. : 717/N10300459581	Email ID of TPA: info@safewaytpa.in
Name of Insured Person: Rev Fr M J Mathew	website:www.safewaytpa.in
Address: CATHOLICATE OFFICE, Please	Terms & Conditions
	1. This card is for identification purposes only.
DE VALORANI I .O NICI I ANIDALANI VIA,	2. For cashless benefit, treatment has to be taken in network
KOTTAYAM, KERALA, 686004	hospitals only. Preauthorization is compulsory for cashless.
Age: 56 Gender :M	3. For planned hospitalization inform TPA at least 7 days before. For
Policy No.: 360700/50/24/10002641	emergency cases, inform within 24 hours of admission
-	<ol> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> </ol>
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	<ol> <li>All terms and conditions of the Insurance policy are applicable.</li> </ol>
Name of Policyholder: Rev Fr M J Mathew	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SELF	
Relationship with Foneyholder. SEEF	
HEALTH CARD         Safeway           TPA ID No. : 717/NI0300459582         Insurance TPA Pvt. Ltd.	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in
Name of Insured Person: Annamma P Mathew	Terms & Conditions
Address: CATHOLICATE OFFICE, Please	
DEVALOKAM P.O MUTTAMBALAM VIA, verify Photo	1. This card is for identification purposes only.
KOTTAYAM, KERALA, 686004 ID before	<ol> <li>For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> </ol>
Age: 54 Gender :F	<ol> <li>For planned hospitalization inform TPA at least 7 days before. For</li> </ol>
	emergency cases, inform within 24 hours of admission
Policy No.: 360700/50/24/10002641	4. For reimbursement claims, TPA has to be intimated within 7 days
Policy Period/Validity Period: 03/09/2024 - 02/09/2025	of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.
Name of Policyholder: Rev Fr M J Mathew	
(MALANKARA ORTHODOX SYRIAN CHURCH)	For grievance redressal, login to insurance Company
Relationship with Policyholder: SPOUSE	
Newholding Will Policy and an Orobb	
HEALTH CARD	Emergency Contact no. of TPA : 011-45451300
Insurance reserverse       Insurance TPA Pvt. Ltd.         TPA ID No. : 717/NI0300459583         Name of Insured Person: Abel Mathew         Address: CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,         KOTTAYAM, KERALA, 686004         Age: 21       Gender :M         Policy No.: 360700/50/24/10002641         Policy Period/Validity Period: 03/09/2024 - 02/09/2025         Name of Policyholder: Rev Fr M J Mathew         (MALANKARA ORTHODOX SYRIAN CHURCH)	<ul> <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>mergency 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>
TPA ID No. : 717/NI0300459583         Name of Insured Person: Abel Mathew         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Verify Photo         ID before       Admission         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder:       Rev Fr M J Mathew         (MALANKARA ORTHODOX SYRIAN CHURCH)	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA: 18001025671 Email ID of TPA: info@safewaytpa.in</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : <b>717/NI0300459584</b>	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms &amp; Conditions</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : <b>717/NI0300459584</b> Name of Insured Person: Merin Ann Mathew	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in</li> <li>1. This card is for identification purposes only.</li> </ul>
TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : <b>717/NI0300459584</b> Name of Insured Person: Merin Ann Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, Please verify Photo Please Ver	<ul> <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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA: 18001025671</li> <li>Email ID of TPA: info@safewaytpa.in 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> </ul>
TPA ID No. : 717/NI0300459583 Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD Fraining Metananana HEALTH CARD TPA ID No. : 717/NI0300459584 Name of Insured Person: Merin Ann Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 MEALAN VIA, KOTTAYAM, KERALA, 686004	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA: 18001025671</li> <li>Ermail ID of TPA: info@safewaytpa.in website:www.safewaytpa.in 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> </ul>
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TPA ID No. : <b>717/NI0300459583</b> Name of Insured Person: Abel Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 21 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr M J Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON HEALTH CARD TPA ID No. : <b>717/NI0300459584</b> Name of Insured Person: Merin Ann Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 23 Gender :F Policy No.: 360700/50/24/10002641	<ul> <li>Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms &amp; Conditions</li> <li>This card is for identification purposes only.</li> <li>For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>All terms and conditions of the Insurance policy are applicable.</li> <li>For grievance redressal, login to insurance Company</li> <li>Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671</li> <li>Email ID of TPA.: info@safewaytpa.in website:www.safewaytpa.in</li> <li>This card is for identification purposes only.</li> <li>For cashless benefit, treatment has to be taken in network hospitalis only. Preauthorization is compulsory for cashless.</li> <li>For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>All terms and conditions of the Insurance policy are applicable.</li> </ul>
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