

HEALTH CARD



ID before

TPA ID No.: 770/NI0300459677

Name of Insured Person: Rev Fr Alexander K B Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 41 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Alexander K B (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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

 ${\rm TPA~ID~No.}: 770/NI0300459678$

Name of Insured Person: Rainu Thomas Address: CATHOLICATE OFFICE,

 $DEVALOKAM\ P.O\ MUTTAMBALAM\ VIA,$

KOTTAYAM, KERALA, 686004 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 Alexander K B (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

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.

 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

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



ID before

TPA ID No.: 770/NI0300459679

Name of Insured Person: Christy John Alex 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 Alexander K B (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

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of hospitalization and prior to discharge

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For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300

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Toll Free No. of TPA: 18001025671

website:www.safewaytpa.in

Terms & Conditions

2.

3.

4.

5.



HEALTH CARD



TPA ID No. : 770/NI0300459680

Name of Insured Person: Kripa Elza Alex 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 Alexander K B (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER

Please verify Photo ID before

HEALTH CARD



TPA ID No. : 770/NI0300461186

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

KOTTAYAM, KERALA, 686004 Age: 3 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Alexander K B (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER

Please verify 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 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