

### **HEALTH CARD**



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TPA ID No · 791/NI0300459734

Name of Insured Person: Rev Fr K M Varghese Kaleekal

Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Gender:M Age: 53

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr K M Varghese Kaleekal (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 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**



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# TPA ID No.: 791/NI0300459735

Name of Insured Person: Elizabeth Chacko Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Age: 50 Gender:F

Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr K M Varghese Kaleekal (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

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

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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



### **HEALTH CARD**



### TPA ID No · 791/NI0300459736

Name of Insured Person: Serah Rachel Varghese Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:F Age: 16

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr K M Varghese Kaleekal (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

ID before

## **HEALTH CARD**



## TPA ID No.: 791/NI0300459737

Name of Insured Person: Saino Sara Varghese Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 18 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr K M Varghese Kaleekal (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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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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.: 791/NI0300459738

Name of Insured Person: Seba Eliza Varghese Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 23 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr K M Varghese Kaleekal (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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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of hospitalization and prior to discharge

5. All terms and conditions of the Insurance policy are applicable.

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