HEALTH CARD         Safeway         TPA ID No. : 796/N10300459744         Name of Insured Person: Rev Fr Alex John         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       ID before         Age: 45       Gender :M         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder:       Rev Fr Alex John         (MALANKARA ORTHODOX SYRIAN CHURCH)       Image: 100 /	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <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 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> </ul>
Relationship with Policyholder: SELF  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
Name of Insured Person: Chythanya Thomas         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       ID before         KOTTAYAM, KERALA, 686004       ID before         Age: 43       Gender :F         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder:       Rev Fr Alex John         (MALANKARA ORTHODOX SYRIAN CHURCH)       Relationship with Policyholder:	<ol> <li>Website:www.satewaytpa.in</li> <li>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> </ol>
	Emergency Contact no. of TPA: 011-45451300
HEALTH CARD Safeway Insurance TPA PVL.Ltd. TPA ID No. : 796/N10300459746 Name of Insured Person: Ephrem John Alex Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 12 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Alex John (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SON	<ul> <li>Emergency Contact no. of IPA: 011-45451300</li> <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 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> </ul>
HEALTH CARD         Safeway         Insurance TPA Pvt. Ltd.         TPA ID No. : 796/NI0300459747         Name of Insured Person: Angel Mary Alex         Address:       CATHOLICATE OFFICE,         DEVALOKAM P.O MUTTAMBALAM VIA,       Please         KOTTAYAM, KERALA, 686004       verify Photo         Age: 16       Gender :F         Policy No.:       360700/50/24/10002641         Policy Period/Validity Period:       03/09/2024 - 02/09/2025         Name of Policyholder:       Rev Fr Alex John         (MALANKARA ORTHODOX SYRIAN CHURCH)       Relationship with Policyholder:	<ul> <li>Emergency Contact no. of TPA: 011-45451300</li> <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 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> </ul>