

## **HEALTH CARD**



ID before

TPA ID No · 799/NI0300459755

Name of Insured Person: Rev Fr Joseph E Mathew

Address: CATHOLICATE OFFICE.

DEVALOKAM P.O MUTTAMBALAM VIA.

KOTTAYAM KERALA 686004

Gender:M Age: 45

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joseph E Mathew (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.

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**



verify Photo

ID before

TPA ID No.: 799/NI0300459756

Name of Insured Person: Swapnamol Abraham Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Age: 42 Gender:F

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

Name of Policyholder: Rev Fr Joseph E Mathew (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

This card is for identification purposes only.

For cashless benefit, treatment has to be taken in network 2 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**



ID before

TPA ID No.: 799/NI0300459757

Name of Insured Person: Miriya Joseph Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Gender:F Age: 8

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joseph E Mathew (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER

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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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

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of hospitalization and prior to discharge

For grievance redressal, login to insurance Company

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emergency cases, inform within 24 hours of admission

For planned hospitalization inform TPA at least 7 days before. For

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

All terms and conditions of the Insurance policy are applicable

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

2.

3.

4.

5.



## **HEALTH CARD**



TPA ID No.: 799/NI0300459758 Name of Insured Person: Sara Joseph

Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 13 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joseph E Mathew

verify Photo ID before Admission

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER



arify Photo

ID before

TPA ID No.: 799/NI0300459759

Name of Insured Person: Anna Joseph Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 15 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Joseph E Mathew (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

Safeway
Insurance TPA Pvt. Ltd. **HEALTH CARD** 

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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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 4.

of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company