

## **HEALTH CARD**



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TPA ID No · 822/NI0300459830

Name of Insured Person: Rev Fr Kuruvilla Perumal Chacko

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 42 Gender:M

Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Kuruvilla Perumal Chacko

(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

4. 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**



TPA ID No.: 822/NI0300459831 Name of Insured Person: Mithu Thomas Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Gender:F Age: 36 Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Kuruvilla Perumal Chacko (MALANKARA ORTHODOX SYRIAN CHURCH)

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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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of hospitalization and prior to discharge

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## **HEALTH CARD**



ID before

TPA ID No · 822/NI0300459833

Name of Insured Person: Jerom Chacko Perumal

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Gender:M Age: 13

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Kuruvilla Perumal Chacko (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

Terms & Conditions

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4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge

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For grievance redressal, login to insurance Company



## **HEALTH CARD**



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Admission

TPA ID No.: 822/NI0300459834

Name of Insured Person: Jeney Elizabeth Perumal

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 10 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Kuruvilla Perumal Chacko (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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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