HEALTH CARD	Afeway wrance TPA Pvt. Ltd. Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA. : 18001025671
TPA ID No. : 83/NI0300459850	Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in
Name of Insured Person: Rev Fr Jacob Philip Cor-Episcop Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 74 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Jacob Philip Cor-Episcopa (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	a Terms & Conditions Please 1. This card is for identification purposes only. 1D before 2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless. Admission 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 For State of Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr Jacob Philip Cor-Episcopa (MALANKARA ORTHODOX SYRIAN CHURCH)	Emergency Contact no. of TPA : 011-45451300 Toll Free No. of TPA : 18001025671 Email ID of TPA: i 18001025671 Email ID of TPA: info@safewaytpa.in verify Photo ID before Admission 1. 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 infimated 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
Relationship with Policyholder: SPOUSE	