

## **HEALTH CARD**

Safeway
Insurance TPA Pvt. Ltd

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ID before

TPA ID No.: 865/NI0300459947

Name of Insured Person: Rev Fr Jose Mathew Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Policy No.: 360700/50/24/10002641

Age: 54 Gender :M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Jose Mathew (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

For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.

 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



TPA ID No.: **865/NI0300459948**Name of Insured Person: Binzi Jose

Name of Insured Person: Binzi Jose Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 53 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Jose Mathew

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300
d. Toll Free No. of TPA: 18001025671
Email ID of TPA: info@safewaytoa.in

2.

3.

4

Please verify Photo ID before



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

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hospitals only. Preauthorization is compulsory for cashless

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

For grievance redressal, login to insurance Company

of hospitalization and prior to discharge

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नंशनल इन्स्योरेन्स National Insurance

## **HEALTH CARD**



ID before

TPA ID No. : 865/NI0300459949

Name of Insured Person: Jeremy Mathew Jose Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 20 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Rev Fr Jose Mathew

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

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