

HEALTH CARD

Safeway

TPA ID No.: SHEPL/0344//TG0100003153

Name of Insured Person: Pushpender Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050

ID before

Age: 29 Gender : M Policy No.: 0239602544

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Pushpender

(SARITA HANDA EXPORTS PRIVATE LIMITED)

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

- 2. 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
- 3. 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. 5.

For grievance redressal, login to insurance Company



HEALTH CARD



TPA ID No.: SHEPL/0344//TG0100003154

Name of Insured Person: Bhavna

Address: PLOT NO.29, SECTOR-- 4, IMT. MANESAR, GURUGRAM, HARYANA, 122050

verify Photo ID before Admiceion

5.

Gender :F Age: 32 Policy No.: 0239602544

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Pushpender

(SARITA HANDA EXPORTS PRIVATE LIMITED)

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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- 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





TPA ID No.: SHEPL/0344//TG0100003155

Name of Insured Person: Dakshita

Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050

ID before

Age: 2 Gender :F Policy No.: 0239602544

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Pushpender

(SARITA HANDA EXPORTS PRIVATE LIMITED) 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