






 HEALTH CARD 	<p>TPA ID No. : SHRPL/0482//TG0100005398</p> <p>Name of Insured Person: NIRANJAN BEDANTA</p> <p>Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 45 Gender :M</p> <p>Policy No.: 0239594264</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: NIRANJAN BEDANTA (S H RETAIL PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SELF</p>	<p>Please verify Photo ID before Admission</p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>Terms & Conditions</p> <ol style="list-style-type: none"> 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 intimated within 7 days of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable. <p>For grievance redressal, login to insurance Company</p>
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 HEALTH CARD 	<p>TPA ID No. : SHRPL/0482//TG0100005399</p> <p>Name of Insured Person: PANKAJINI BEDANTA</p> <p>Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 43 Gender :F</p> <p>Policy No.: 0239594264</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: NIRANJAN BEDANTA (S H RETAIL PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SPOUSE</p>	<p>Please verify Photo ID before Admission</p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>Terms & Conditions</p> <ol style="list-style-type: none"> 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 intimated within 7 days of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable. <p>For grievance redressal, login to insurance Company</p>
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 HEALTH CARD 	<p>TPA ID No. : SHRPL/0482//TG0100005400</p> <p>Name of Insured Person: ANKIT KUMAR BEDANTA</p> <p>Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 19 Gender :M</p> <p>Policy No.: 0239594264</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: NIRANJAN BEDANTA (S H RETAIL PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SON</p>	<p>Please verify Photo ID before Admission</p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>Terms & Conditions</p> <ol style="list-style-type: none"> 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 intimated within 7 days of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable. <p>For grievance redressal, login to insurance Company</p>
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 HEALTH CARD 	<p>TPA ID No. : SHRPL/0482//TG0100005401</p> <p>Name of Insured Person: AMIT KUMAR SAMANTARAY</p> <p>Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 17 Gender :M</p> <p>Policy No.: 0239594264</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: NIRANJAN BEDANTA (S H RETAIL PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SON</p>	<p>Please verify Photo ID before Admission</p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>Terms & Conditions</p> <ol style="list-style-type: none"> 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 intimated within 7 days of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable. <p>For grievance redressal, login to insurance Company</p>
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