

HEALTH CARD

TPA ID No. :

Name of Insured Person:

Address:

Age: Gender :

Policy No.:

Policy Period/Validity Period:

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

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.

For grievance redressal, login to insurance Company