FAQs

- Payments are made directly to you, regardless of any other medical insurance or policies you may have
- All information provided is strictly confidential and will remain private. After your claim is coded and processed, it remains securely filed within the confines of the Central Council office

Consider this...

- For just **$25 per year**, your investment gives you:
  - **Extra cash** to pay your medical bills, co-pays and expenses while you recover from a hospital stay or surgical outpatient procedure
  - **Peace of mind**; knowing that you will be eligible for reimbursement when you need it most
  - **Satisfaction**; knowing that your enrollment in the plan is also an investment in the future of the Italian Catholic Federation!
  - **No medical exam is required to join the plan**

For more information, please contact:

**Italian Catholic Federation**
Hospitalization Committee

8393 Capwell Drive, Suite 110
Oakland, CA 94621

Toll Free: 1-888-423-1924
FAX: 510-633-9758
Visit us at our website: [www.icf.org](http://www.icf.org)
Email: info@icf.org

What You Need to Know
### Benefits

**Who is eligible?**

Any **ICF member under 70 years of age**

**After 90 days of membership** in the plan, the fund will pay:

- $75 for the first day
- $50 for the second day
- $25 for the third day and any additional days thereafter

A member must stay overnight in an acute care facility unless an outpatient surgery is performed. Stays in convalescent or rehabilitation facilities are not covered by this plan and do not qualify for reimbursement.

- $100 for use of operating room during hospital stay or for outpatient procedure at a state licensed surgical center
- Up to $500 per calendar year
- $500 maximum per illness
- Membership continues beyond the age of 70

### Application

**Application for Membership in the Hospitalization Plan**

I hereby apply for membership in the Italian Catholic Federation Hospitalization Plan

I am a member of Branch__________ in
City_______________ State________

**Name:**

Mr./Mrs./Ms. ______________________

**Address**

_____________________________

City_______________ State_______

I will pay $25.00 to the Financial Secretary of my Branch.

**Member’s Signature:**

________________________________________

**Financial Secretary’s Signature:**

________________________________________

Date paid________________________

Check #____________ or Cash_____

*(Return this portion to the I.C.F Office)*

Revised 8/7/2016

### Submitting A Claim

**How do I submit a claim?**

- **Obtain a Hospitalization Plan Claim Form;** available on ICF website at [www.icf.org](http://www.icf.org). Go to Member’s Area and look under “Other Forms”

- **Complete information in the upper portion of form and sign the Authorization to Release Information.**

- **Have your doctor, nurse or facility representative circle a diagnosis and sign the claim form.**

- **Mail claim form, with a copy of bill* to the ICF Central Council office.**

- **Claims are accepted up to one year after hospital stay or outpatient procedure.**

- **KAISER PATIENTS ONLY – copy of bill not needed.** Check the “Kaiser” box on top right of the form and supply a printout from Kaiser Permanente to verify information; admittance and release date, etc.