

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

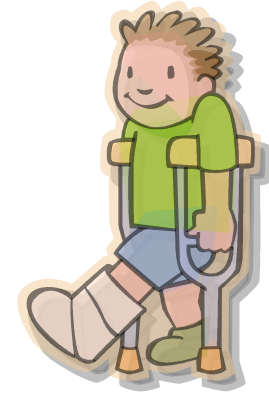
Visit us at our website: www.icf.org

Email: info@icf.org



Italian Catholic Federation

**Hospitalization Plan
"Sign Up Today"**



**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. 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.