

NOTE: Some procedures for administering the Eye Surgery Fund have changed. Carefully read the following qualifications and procedures information before downloading the application.

EYE SURGERY FUND APPLICATION QUALIFICATIONS AND PROCEDURES

Overview

The Eye Surgery Fund (ESF) is a project of the board of directors that is sponsored by the Rocky Mountain Lions Eye Bank (RMLEB). It provides grants to Colorado and Wyoming Lions Clubs that support sight saving surgeries for the needy and uninsured. It is a cooperative effort with the Lions Clubs and ophthalmologists of Colorado and Wyoming. The ESF is for SIGHT-SAVING SURGERY ONLY.

These revised qualifications and procedures are effective 07/01/12. Revisions have also been made to the ESF application. The revised ESF application will be available by 07/01/12 and must be used for all applications effective 10/01/12. The revised application form may be downloaded from the RMLEB website, www.corneas.org or obtained from your director. The existing application form, dated 07-11 may be used until 10/01/12.

[If you have any questions, please contact your eye bank board member. Directors are listed on the RMLEB website](#) or in your MD6 or District 15 directories.

Applicant Qualifications and Funding

Applicants must be US citizens and reside in Colorado or Wyoming. The applicant (parent/guardian) MUST be unable to pay for the eye surgery and not qualify for other assistance. All other avenues of funding should be pursued prior to making an ESF application.

Applicants must agree to a one-on-one interview, be willing to provide all financial information, and provide any eligibility information requested by the sponsoring Lions Club. The applicant must also sign the HIPPA disclosure in the presence of the Lions Club representative.

The ESF will provide funding for the surgery only. Surgery fees must be at or below Medicare rates. The maximum ESF grant amount to Lions Clubs will be 90% of the Medicare rate. The clubs are responsible for obtaining funding for the balance of the cost of the surgery. The cost of office visits, supplies, etc. must be provided from other sources. Each eye bank director has a list of the most common surgeries, the Medicare codes and the maximum allowable rate that the board will consider. Any eye surgeries not included on this list may be considered on a case by case basis.

All applications will be considered on a first come, first serve basis. Applicants seeking corneal transplants will have top priority. Emergency funding will not be available and applications will only be approved at regular meetings of the Board of Directors.

Application Overview

All applications must originate with the applicant contacting a local Lions Club for sponsorship the application. Referrals from ophthalmologists will be treated in the same manner. The Responsible Lion will confirm eligibility of the applicant as outlined in these instructions, work with the ophthalmologist's office in regard to the type of surgery needed and resolve the surgery fees.

Cover Sheet – This is completed by the Responsible Lion and is a summary of the application. The portion within the box and the items at the bottom of the sheet are to be completed by the director.

Applicant Portion – This determines the applicant’s eligibility. It also includes identification and consent for use and disclosure of personal and health information. The Responsible Lion or a delegated member of their club must complete this portion. It requires the signature of the applicant or their legal representative. The interviewing Lion must witness the applicant’s signature.

Medical Portion – This certifies medical need and is to be completed by the ophthalmologist’s office. The Responsible Lion works with the applicant and ophthalmologist to complete this certification of medical need. The eye surgeon, surgical facility and anesthesiologist must be willing to discount or waive their fees.

Sponsoring Lions Club Portion – This determines the sponsorship of the applicant by the local Lions Club. A brief history of the club’s association with the applicant shall be completed. This is where the Responsible Lion will indicate the amount the club and the applicant will provide toward the eye surgery. **The Responsible Lion is accountable for the entire application. The director will assist the club but will not complete any portion of the application.**

Application Procedure

Once the Responsible Lion has completed the application, it is to be delivered to your eye bank director. The director must receive the application no later than 14 days prior to the Board meeting.

Board Meeting Dates

11/09/12-11/10/12

01/11/13-01/12/13

03/08/13-03/09/13

04/12/13-04/13/13

05/30/13-06/01/13

**ROCKY MOUNTAIN LIONS EYE BANK
EYE SURGERY FUND APPLICATION
COVER SHEET**

To be completed by sponsoring Lions Club

(See separate attachment for Application Qualifications and Procedures)

(This form must be used for all applications on or after 10/01/12)

Applicant's Name _____ Age _____

Sponsoring Lions Club _____

Responsible Lion: Name _____
Street Address _____

City, State, Zip Code _____
Phone (____) _____ - _____
Best time to contact _____
Email _____

Required Surgery _____

Left eye (OS) _____ Right eye (OD) _____ Both eyes (OU) _____

Other _____

Total Cost of Surgery (reduced amount) _____

(Maximum ESF grant amount is 90% of Medicare rates)

Requested Amount from the Eye Surgery Fund _____

Amount from the sponsoring Lions Club _____

Amount from other source or patient _____

TO BE COMPLETED BY THE DISTRICT EYE BANK DIRECTOR

Application reviewed and presented by District Eye Bank Director _____

Payment for surgery should be sent to:

Director _____ Sponsoring Lions Club _____

Date Submitted: _____

Date Approved: _____

Motion: _____

Second: _____

Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Fund Application
APPLICANT PORTION
Lions Club Interview with Applicant to Determine Financial Need

1. Applicant Name _____

First Last

2. Address _____

Street Unit #

City State Zip Code

3. Phone _____

Home Work

4. Date of Birth _____

5. Gender _____

6. Marital Status _____

7. Length of residency in state _____

8. Below please list family members dependent on household income.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Name of Parent or guardian, if applicable _____

10. Has prior application been made for assistance to RMLEB Eye Surgery Fund? _____

If yes, describe circumstances _____

11. Is applicant a U.S. citizen? _____

12. Employer _____

13. Employer's Address _____

14. Dates of Employment _____

15. If not employed, please explain applicant's means of support. _____

16. Can any member of applicant's family contribute toward surgery costs? _____

If yes, to what extent? _____

17. Has applicant applied for assistance for eye surgery and/or hospitalization from Medicare/Medicaid, Welfare, Aid to the Blind, Medical Aid for the Aged, Veterans Affairs, etc.? _____

If yes, provide agency name and decision _____

18. Does applicant have insurance? _____ (Medicare/Medicaid are government insurance)

If yes, provide company name and policy number. _____

Decision of insurance company to cover eye surgery costs _____

19. Total monthly household income (wages, retirement, food stamps, WIC, other subsidies)

Sources of income: : _____ \$ _____

20. Total monthly household expenses (housing, food, transportation, utilities, insurance, etc.) \$ _____

21. Value of Assets: _____ \$ _____

Real Estate \$ _____

Checking, savings accounts \$ _____

Life insurance cash value \$ _____

Stocks, bonds, other assets \$ _____

Personal property (vehicles, etc.) \$ _____

22. Total Net Assets \$ _____

23. Please list liabilities and debts with amounts (continue on back of this sheet if necessary):

_____ \$ _____

_____ \$ _____

_____ \$ _____

24. Total Liabilities and Debts \$ _____

25. Please describe any unusual or extenuating circumstances concerning the nature of income or debt.

26. If financial situation improves, would applicant be willing to repay grant? _____

**Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Fund Application
APPLICANT PORTION (CONT.)**

Indemnification and Consent for Use and Disclosure of Personal and Health Information

I attest that, to the best of my knowledge, the above information is correct.

I understand any misrepresentation or falsehood of the above application will result in immediate and permanent disqualification from consideration.

I hereby release RMLEB and its agents of any responsibility for injury or mistreatment in connection with any procedure or surgery funded by RMLEB.

I further absolve RMLEB from any liability resulting from any unsuccessful procedure or from future reoccurrence of my (or applicant's) disorder or disease.

I consent to any photographic or video graphic image taken in connection with the treatment of myself (or applicant) and authorize use of same images by RMLEB now and in perpetuity for public and medical education.

I authorize the use and disclosure by RMLEB of personal and health information of or about me (or applicant) as described in this form, including medical, dental, and pharmacological information.

I understand such information may have been provided by other persons or entities, including physicians and health care providers.

*Any and all personal and health information about me may be obtained and/or maintained by members of _____ Lions Club, RMLEB Board of Directors, RMLEB Executive Director. This includes (1) mental health (2) HIV/AIDS, and (3) substance abuse information. (Note to applicant: Cross out the description of any type of information you do not authorize to be released.)

* Personal and health information regarding treatment rendered.

*Other _____

This information may be disclosed to, and used by the following individuals or organizations:

* RMLEB Board of Directors

* Members of _____ Lions Club

* Employees of the Rocky Mountain Lions Eye Bank

* Health care providers

* Other _____

This information is being disclosed for the purpose of determining whether, and to what extent, RMLEB and the RMLEB Board of Directors may be able and willing to provide financial assistance to the applicant for treatment and care.

I understand that I do not have to sign this authorization and may revoke it at any time, and that in order to do so, I must do so in writing delivered to RMLEB's office at the Rocky Mountain Lions Eye Institute Building at 1675 Aurora Ct, Suite #E12049, Aurora, Colorado 80010 or received by RMLEB at its Post Office Box 6026, Aurora, CO 80045-0358.

I understand that the revocation will not apply to information that has already been released pursuant to this authorization.

I understand that once the information is disclosed pursuant to this authorization it may be further disclosed by the recipient, and it may not be protected by federal privacy regulations. Unless otherwise revoked or extended, this authorization will expire in 365 days.

Signed _____ Date _____
Applicant or Applicant's Legal Representative

If signed by Legal Representative, capacity or relationship to Applicant (ie. Parent of minor applicant, agent under power of attorney) _____ Date _____

Witnessed by interviewing Lion _____ Date _____

**Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Fund Application
MEDICAL PORTION**

Certification of Medical Need and Fees by Ophthalmologist

Please Note: RMLEB will not assume any financial responsibility prior to issuance of an authorization on RMLEB letterhead with the signature of the Chair of the ESF Committee. Eye Surgery Funds are not available to supplement Medicare/Medicaid or insurance coverage. Working together with the surgeon, the Responsible Lion requests that fees be waived or discounted as much as possible. RMLEB-ESF requires funding from other sources to be provided and shown on the Sponsoring Lions Club portion of this application.

1. Patient Name _____
2. Parent or Guardian, if applicable _____
3. General health of patient _____
4. Diseases affecting the eye(s) _____
5. Type of Surgery needed _____
 Right eye _____ Left eye _____ Both eyes _____
 Is a cornea needed? _____ Is this a second opinion? _____

6. Please attach copy of exam findings or provide information below.

	OD	OS
Vision (corrected)		
Cornea		
Lens		
Tension		
Fundus		
Field		
Additional		

Previous treatment(s) for this condition _____

7. Recommended time frame for each surgery _____
 Anticipated number of surgical facility admissions needed _____
 Facility: Name _____
 Address _____ Phone # _____
 Anesthesiologist: Name _____
 Address _____ Phone # _____

8. Our mutual cooperation is dependent on waiver/reduction of fees to the lowest possible level (at or below Medicare rates). Please list usual fees and discounted fees that will be accepted for this case.

	Medicare Code #	Medicare Allowed	Usual Fee	Discounted Fee
Physician Fees (including exam, surgery, post-op care, refraction)				
Facility Fees				
Anesthesia				
Materials (please list)				

9. Total Fees \$ _____

Signed _____ Date _____
Ophthalmologist

Print Name _____ Practice Name _____

Contact Person _____ Mailing Address _____
Street

Phone _____ Fax _____ City _____ State _____ Zip Code _____

Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Fund Application
Lions Club Sponsorship of Applicant

1. How long have you known the applicant? _____

Under what circumstances _____

2. Remarks and recommendation concerning this application _____

3. Describe steps taken to obtain reduced/waived physician and facility fees _____

4. List funding available from other agencies (insurance, government, public, private) _____

5. Total cost of surgery (Medical Portion #9 – Total Fees) \$ _____

a. Financial assistance from the RMLEB Eye Surgery Fund \$ _____

b. Financial assistance from sponsoring Lions Club \$ _____

c. Financial assistance from other sources \$ _____

Applicant _____

Family _____

Other _____

6. Total of items a + b + c \$ _____

7. Sponsoring Lions Club _____

Please Print

Signed _____

Responsible Lion of Sponsoring Lions Club

Date _____

Print name _____

Rocky Mountain Lions Eye Bank
Eye Surgery Fund Verification of Surgical Treatment
For Reimbursement of Services

The Rocky Mountain Lions Eye Bank Eye Surgery Fund Committee requires verification of surgical treatment before Eye Surgery Fund grants can be paid.

Please mail or fax completed form to the Rocky Mountain Lions Eye Bank, P.O. Box 6026, Aurora, Co., 80045, (fax) 720-848-3938, once surgery has occurred. If you have any questions, please contact Lion Lew Lyon, (home) 307-742-5960, or (cell) 307-760-1994

Patient Name: _____

Surgeon Name: _____

Address: _____

Contact Person Name and phone: _____

Date of Surgery: _____

Cost of Treatment: _____

(Total expenses including surgeon, surgery center and anesthesiologist.)

Surgeon's Signature: _____

Date Sent: _____