



ROCKY MOUNTAIN LIONS EYE BANK
EYE SURGERY GRANT APPLICATION
COVER SHEET

To be completed by sponsoring Lions Club/Responsible Lion
(See separate attachment for Application Qualifications and Procedures)

(This form must be used for all applications on or after 7/09/21)

Applicant's Name _____ Age _____

Sponsoring Lions Club _____

Responsible Lion: Name _____
Street Address _____
City _____ State _____ Zip _____
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 ESG grant amount is 80% of Medicare rates)
Requested Amount from the Eye Surgery Grant _____
Amount from the sponsoring Lions Club _____
Amount from other source or patient _____

TO BE COMPLETED BY THE RMLEB BOARD DIRECTOR
Application reviewed and presented by RMLEB Board 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 Grant 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 provided by a grant 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
- * Healthcare providers
- * Other _____

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

I understand I do not have to sign this authorization and may revoke it at any time and in order to do so, I must do so in writing and send to: Rocky Mountain Lions Eye Bank

1675 Aurora Court, Mail Stop F751
Aurora, CO 80045

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

I understand 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 (i.e. Parent of minor applicant, agent under power of attorney) _____ Date _____

Witnessed by interviewing Lion _____ Date _____

**Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Grant 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 Grant \$ _____

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 _____

Responsible Lion of Sponsoring Club _____ Date _____

Signature of Responsible Lion _____

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

The Rocky Mountain Lions Eye Bank Eye Surgery Grant Committee requires verification of surgical treatment before funds from the Eye Surgery Grant can be paid.

Once surgery has occurred, please mail completed form to:

Rocky Mountain Lions Eye Bank
attn: Lion Betsy Bohanna
1675 Aurora Court, Mail Stop F751
Aurora, CO 80045

or fax to: 720-848-3938

If you have any questions, please contact the Eye Surgery Grant Committee Chair, PDG John Ballagh: 970-208-5849 or jballagh@gmail.com

Patient name: _____

Surgeon name: _____

Address: _____

Contact person name: _____ Phone: _____

Date of Surgery: #1 _____

Date of Surgery: #2 _____

Cost of Treatment: _____

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

Surgeon's Signature: _____

Date Sent: _____