



ROCKY MOUNTAIN LIONS EYE BANK
EYE SURGERY GRANT APPLICATION

(See separate attachment for Application Qualifications and Procedures)

(This application replaces existing documents and must be used for all applicants on or after 12/1/2021)

Sponsoring Lions Club _____

Responsible Lion: Name _____
Mailing Address _____
City, State, Zip Code _____
Phone (____) _____ - _____
Best time to contact _____
Email _____

1. Patient's Name: _____
First Last

2. Name of Parent or guardian, if applicable _____
First Last

3. Address: _____
Number Street Unit #
City State Zip Code

4. Phone: _____
Home Work Mobile

5. Patient's Date of Birth: _____ 6. Patient's citizenship: _____

7. Marital Status: _____ 8. Patient's State of residency: _____

9. List family members dependent on household income: Name, age, relationship

10. Has this patient received prior assistance from RMLEB? _____
If yes, when and result: _____

11. Does patient have health insurance? _____ If yes, provide company name and policy #.

How much of eye surgery costs will insurance company cover? \$ _____

Note: Upon contacting patient's insurance company, it may be determined the patient has resources available necessary to cover the procedure making the application not necessary.

If none, please explain: _____

12. Employer: _____
13. Employer's Address: _____
14. Dates of current employment/unemployment: _____
15. If not employed, please explain means of support for the patient. _____
15. What dollar or percentage amount can any member of patient's family contribute toward surgery costs? _____
16. What assistance for eye surgery and/or hospitalization has been applied for?
Provide agency name and decision: _____

FINANCIAL

18. Total monthly household income (sum of all sources)
- | | |
|--------------------------|----------|
| Sources of income: _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Continue on back if necessary

19. All monthly expenses (housing, food, transportation, utilities, etc.) \$ _____

20. Value of Assets:
- | | |
|------------------------------------|----------|
| Checking, savings accounts | \$ _____ |
| Stocks, bonds, other assets | \$ _____ |
| Personal property (vehicles, etc.) | \$ _____ |
| Life insurance cash value | \$ _____ |
| Real Estate | \$ _____ |

21. Total Assets \$ _____

22. Liabilities and Debts:
- | | |
|--------------------|----------|
| Credit Cards _____ | \$ _____ |
| Mortgage _____ | \$ _____ |
| Other _____ | \$ _____ |

Continue on back if necessary

23. Total Liabilities and Debts \$ _____

24. Net: (Total Assets minus Total Liabilities and Debt) \$ _____

24. Please describe all unusual or extenuating circumstances concerning the nature of financial need.

**Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Grant Application
PATIENT PORTION**

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

I attest that, to the best of my knowledge, the information provided is correct. I understand any of my misrepresentation or falsehood in the 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 from RMLEB.

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

I consent to any photographic or video graphic image taken in connection with the treatment of myself (or patient) 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 patient) 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 patient: Cross out the description of all type[s] 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 Rocky Mountain Lions Eye Bank

* Health care providers

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 a grant to the Sponsoring Lions Club to then provide assistance to the patient for treatment and care.

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

I understand 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 _____
Patient or Patient's Legal Representative

If signed by Legal Representative, capacity or relationship to Patient (i.e. Parent of minor applicant, Power of Attorney) _____

Witnessed by Responsible Lion _____ Date _____

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

Certification of Medical Need and Fees by Ophthalmologist, Surgery Center, & Anesthesiologist

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 ESG Committee.

- Patient Name _____
- Parent or Guardian, if applicable _____
- General health of patient _____
- Disease(s) affecting the eye(s) _____
- Required Surgery _____
 Left eye (OS) _____ Right eye (OD) _____ Both eyes (OU) _____
 Other _____

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 _____

- Recommended timeframe for each surgery _____
 Anticipated number of surgical facility admissions needed _____
 Surgeon: Name _____
 Address _____ Phone # _____
 Facility: Name _____
 Address _____ Phone # _____
 Anesthesiologist: Name _____
 Address _____ Phone # _____

8. Our mutual cooperation is dependent upon 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,				
Facility Fees				
Anesthesiologist				
Other				

9. Total Fees \$ _____

Signed _____ Date _____
Ophthalmologist

Print Name _____ Practice Name _____

Contact Person _____ Mailing Address _____
Number Street

Phone _____ Fax _____ City _____ State _____ Zip Code _____

**Rocky Mountain Lions Eye Bank (RMLEB) Eye Surgery Grant Application
Lions Club Sponsorship of Patient**

1. Sponsoring Lions Club _____
Please Print

2. How long have you known the patient? _____
Under what circumstances? _____

3. Remarks and recommendation concerning this application

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

5. List funding available from other agencies (government, public and private)

6. Total Cost of Surgery (reduced amount)	\$ _____
Amount from the local Sponsoring Lions Club	\$ _____
Amount from other source(s) or patient	\$ _____
(Maximum ESG grant amount is 80% of Medicare rates)	
Requested Amount from the Eye Surgery Grant	\$ _____

Signed _____ Date _____
Responsible Lion of Sponsoring Lions Club

Print name _____