ROCKY MOUNTAIN LIONS EYE BANK
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ROCKY MOUNTAIN LIONS EYE BANK
EYE SURGERY GRANT APPLICATION
(See separate Instructions for Application Qualifications and Procedures)

(This form must be used for all applications on or after 1/1/26)

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. Employer: _____
12. Employer's Address: _____
_____
13. Dates of current employment/unemployment: _____
14. If not employed, please explain means of support for the patient. _____
_____

15. What dollar amount or percentage 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: _____

17. What health insurance does applicant have? Provide company name and policy number.
_____
How much will insurance company cover eye surgery costs: $_____
If none, please explain: _____

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. Please list liabilities and debts with amounts (continue on back of this sheet if necessary):
Credit Cards _____ $_____
Mortgage _____ $_____
Other _____ $_____

23. Total Liabilities and Debts $_____

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

25. 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 financial aid to the Sponsoring Lions Club to then provide assistance to the patient for treatment and care.

I understand that 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 RMLEB's office at the Rocky Mountain Lions Eye Bank.

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. I further understand if the surgery is not completed within one year after this application is approved, the application must be resubmitted to the Board of Directors for reapproval.

I understand that if any portion of the pre-surgery or surgery is performed by the surgeon before this application, if voted on and passed by the Board of Directors of RMLEB and the responsible Lion is notified, this application shall be null and void, and the patient shall be responsible to pay for all medical expenses occurred.

Signed _____ Date _____

Patient or Patient's Legal Representative

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

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 _____

1. General health of patient _____

2. Diseases affecting the eye(s) _____

3. Required Surgery_____

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

4. Please attach copy of exam findings or provide information below:

	OD	OS
Vision (corrected)		
Cornea		
Lens		
IOP/Tension		
Fundus		
Confrontation Visual Field		
More/Other		

5. Recommended timeframe for each surgery _____

6. Anticipated number of surgical facility admissions needed _____

7. Other comments from provider/surgeon_____

8. Our cooperation is dependent on waiver/reduction of fees to the lowest possible level (at or below Medicare rates).

9. Please list the usual fees and discounted fees that will be / are acceptable for this case:

	Medicare Code(s)	Usual & Customary Fees	Medicare Allowed	Minus Any Insurance Coverage or Discounts	Less Amount from Patient, Family, or Other	Total Cost of Surgery (Reduced Amount)
Physician Fees (including exam, added testing, surgery, post-op care, post-op refraction)						
Facility Fees						
Anesthesiologist Fees						
Other						
Total	XXXXX					

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10. **Surgeon**: Name_____

Address _____ Phone # _____

Facility: Name _____

Address _____ Phone # _____

Anesthesiologist: Name _____

Address _____Phone # _____

Signed _____ Date _____

Ophthalmologist

Print Name _____ Practice Name_____

Contact Person_____ Phone #_____

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 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 _____