

The Lions Eye Bank of District 2-T1 has funds for payment toward Sight Saving Surgery for qualified individuals. The Eye Bank will pay up to \$2,000.00 for each Sight Saving Surgery. The procedure to apply for these funds has to be through a local Lions club in District 2-T1.

A complete Application For Payment Toward Sight Saving Surgery can be received by calling any of the Directors of the Eye Bank, which is listed in the District Directory.

A summary of the application is as follows:

All applicants for financial assistance from the Lions Eye Bank of District 2-T1, Inc. must be sponsored by a local Lions Club located in Lions District 2-T1. The sponsoring of a case is not a responsibility to be taken lightly; nor is the task of insurmountable proportions. It is the responsibility of the sponsoring club to personally interview the applicant or the applicant's family in order to acquaint themselves with the case and to complete and return all necessary forms, along with a recommendation, to the Eye Bank Board so that they may issue authorization for financial assistance. These forms must be received at the Eye Bank office at a date prior to the date of surgery as the Board cannot authorize funds for surgery already performed. Emergency cases are limited to accidental injuries or those conditions requiring immediate surgery. In the event emergency authorization is required, your club can contact the Eye Bank president, vice president or treasurer to begin an expedited authorization process. A written application must then be submitted promptly for final authorization.

Upon receipt of a completed application, the Board will review the case to determine the financial eligibility of the applicant. If the applicant is found to be within the eligibility requirements, the Board will proceed to issue written authorization which will be necessary before we are able to process any statements received pertaining to that case. If the case is denied, the Board will contact the sponsoring Lions Club and inform them of this fact.

PROCEDURE FOR AUTHORIZATION: The following forms are provided to the local Lions Clubs for the submission of information which is necessary for the Board to authorize a case:

1. Instruction Sheet – This sheet contains all necessary information to complete the application.
2. Application for Surgery and Hospitalization – This form is to be completed by the sponsoring Lions Club at their interview with the applicant.
3. Certificate of Surgical Providers – This form is to be completed by those who will be providing services during the applicant's eye surgery. **All information required should be supplied and the form signed by the attending Ophthalmologist, a person of authority at the facility where surgery will be performed and the anesthesiologist.** Fees stated on this form should be in accordance with our fee schedule, which is printed on the back of this form. This is our assurance that all providing services during the applicant's surgery are willing to cooperate with our effort to assist those less fortunate.
4. Applicant's Permission for Surgery and Hospitalization and Certification of U.S. Residence - This is our legal protection and is to be completed by the applicant and witnessed by a responsible person.
5. Official Authorization – This form is issued to the sponsoring Lions Club, when and if the applicant is found to be eligible for the Board's assistance. This form indicates the amounts we have authorized for the various expenses associated with the surgery to be performed.

IMPORTANT – PLEASE NOTE: BEFORE FORWARDING THE FORMS TO THE BOARD, THE SPONSORING LIONS CLUB SHOULD REVIEW THE FORMS TO ASCERTAIN THAT ALL NECESSARY INFORMATION IS PROVIDED, THAT ALL NECESSARY SIGNATURES ARE ON THE FORMS AND THE FEES LISTED ARE WITHIN THAT WHICH WE ALLOW FOR THE SURGERY PERFORMED. IF ALL SIGNATURES ARE NOT SUPPLIED AND/OR THOSE PROVIDING SERVICES HAVE NOT BEEN COMPLETED, THE FORMS WILL BE RETURNED, RESULTING IN UNNECESSARY DELAY. IT IS VERY IMPORTANT THAT THE SPONSORING LIONS CLUB READ AND FAMILIARIZE THEMSELVES WITH THESE FORMS AND THAT ALL INSTRUCTIONS ARE FOLLOWED.

NO BILL WILL BE PAID UNTIL AUTHORIZATION FORM NO. 5 IS ISSUED, BEARING AN AUTHORIZED SIGNATURE OF AN OFFICER OF THE LIONS EYE BANK OF DISTRICT 2T-1, INC.

FORM NO. 2 – PAGE 3 – **SUGGESTIONS FOR LOCAL LIONS CLUB**

1. FINANCIAL ELIGIBILITY REQUIREMENTS:

A. ALLOWABLE ANNUAL NET INCOME:

One in Family	\$15,000
Two in Family	\$17,000
Three in Family	\$19,000
Four in Family	\$21,000
Five in Family	\$23,000
Six or more	\$25,000

B. TOTAL ASSETS OF APPLICANT SHOULD NOT EXCEED \$50,000.

ASSETS MADE UP OF EQUITY IN HOME, BANK ACCOUNTS AND OTHER ASSETS. PLEASE NOTE THAT A VEHICLE IS NOT CONSIDERED AN ASSET.

C. INDICATE ANY EXTENUATING CIRCUMSTANCES WHICH YOU MAY DEEM NECESSARY IN DETERMINING THE ELIGIBILITY OF THE APPLICANT.

2. CONTACTING DOCTORS, HOSPITALS, AND ANESTHETISTS:

PERSONAL CONTACT WITH THE DOCTORS, HOSPITALS AND ANESTHETISTS MAY BE HELPFUL, IF THOSE PERSONS AND/OR INSTITUTIONS HAVE NOT PREVIOUSLY SOUGHT FUNDING FOR THEIR PATIENTS THROUGH THE EYE BANK. THEY SHOULD KNOW THE ALLOWABLE AMOUNTS OF FEES, AND THAT THE PATIENTS HAVE NO FURTHER LIABILITY OR RESPONSIBILITY FOR PAYMENT. (THIS APPEARS ON FORM #3 SIGNED BY THEM). THESE ALLOWABLE FEES ARE REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND ARE REVISED PERIODICALLY, BUT ARE GENERALLY NOT THE NORMAL FEES CHARGED. MOST DOCTORS AND HOSPITALS WILL ACCEPT THESE FEES, IF IT IS EXPLAINED THAT WE ARE A CHARITABLE ORGANIZATION.