



## PROCEDURE FOR FILING AN APPLICATION FOR EYE SURGERY

1. **Application for Eye Surgery** is on **Lions Saving Sight** website: [floridalionsfoundation.org](http://floridalionsfoundation.org) . Download and print all applicable forms. Complete applicable forms (Project Form) with all client information and submit via email to the Director of Operations.
  - Applicants **must be Florida residents including residents from the Islands of Aruba, Bahamas, Bonaire and Curacao.**
2. **Project Form Requirements:**

Project forms are to be completed by the Intake Administrators or participating partners. Complete only the client information and sponsorship sections of the form (pages 1&2).

  - a. Applicants must provide as designated on the **Project Form**:
    - Proof of U.S. Citizenship or Resident Alien status.
    - Proof of Florida residency (copy of driver's license, utility bill, etc.).
    - Must fall below 200% of the Federal Poverty Level. **Lions Saving Sight** assists in providing surgeries to truly financially challenged individuals. It is the responsibility of the Intake Administrator or other physician partner to verify the client's financial need. If they live with other household members, the other members' income and expenses **MUST** be included in the financial statement.
    - Financial documentation must include household income and expenses.
  - b. **Medical Documentation**
    - A copy of the pre-operative examination, performed by a Florida licensed eye care professional, **must** accompany the application to better understand the diagnosis and the surgical treatment that is recommended.
    - **Lions Saving Sight** has a network of providers within the state of **FLORIDA** with whom we have agreements and agreed pricing. Once approved, the client , will be referred to the nearest provider that performs the type of surgery required. **ONLY** the Director of Operations and/or the Foundation Consultant will make the decision on surgeon and the surgicenter.
    - Diabetic clients must submit current blood sugar and A1C values. Incomplete diabetic profiles may result in denial of surgery.
    - Answer all medical questions on the application (e.g., Diabetes, Blood Clots, Heart Issues).
  - c. **Insurance Requirements**
    - Determine if the applicant has insurance. If so, attach copies of the front and back of the insurance card.

### 3. Provider Assignment

- **Approvals** for **all** surgical procedures including exams, must be authorized by the Director of Operations and/or the Foundation Consultant.
- Applications that are **not** complete will be returned to the Intake Administrator or referral source as a denial until application is completed, delaying the process of approval and scheduling.
- The choice of surgeon and/or facility **belongs to the Director of Operations and/or Foundation Consultation**.
- All contact with the client, once the case has been approved, will be by **Lions Saving Sight** and medical personnel who participate in their care.
- The Intake administrator or referral club sponsor should **not** contact the surgeon or other care provider partners.
- **HIPAA regulations apply**- all contact will be directly with the client. Once the client has been approved or denied, the Intake Administrator or Physician Partner will be contacted through their email address indicated on the application intake form by the Director of Operations and/or Foundation Consultant.

### 4. Transportation and Compliance

**Clients** must have:

- Reliable transportation to the surgical center, pre-operative examination, all follow-up visits, and accommodation if needed.
- Clients must agree to follow all instructions and keep appointments as scheduled.
- Inform the client that Lions Saving Sight pays for necessary surgical procedures applicable expenses only- transportation or hotel accommodations **are not covered**
- **Lions Saving Sight** does **not** cover cosmetic surgery.

### 5. Timeline and Validity

- a. For applicants who are of a culture which has multiple surnames, it is important that the name on the application matches their identification and medical records, as this will be the name used by the doctor.
- b. **Lions Saving Sight** requires that each applicant have:
  - A personal mobile phone,
  - A permanent independent living home address and
  - An email address to be used for contact and follow-up purpose Medical personnel involved in their care.
- c. **If the approved surgery has not been performed within six months of approval, the case will be cancelled, and a new application will be required.** All bills must be received in a timely manner - within 6 months of date of service/surgery- or they will not be paid by **Lions Saving Sight**.
  - **Lions Saving Sight** will only pay for cases that have been approved **before** surgery. **No** cases will be paid retroactively.
  - Client bills **must** be sent by email or standard mail from the case partner to the Director of Operations and/or Foundation Consultant.
  - **Only pre-approved** procedures will be covered by **Lions Saving Sight**.

## 6. **Bilateral Surgery Policy**

If a client needs bilateral surgery, (UNLESS OVER 65 YEARS OLD OR DISABLED) you must have a denial by Division of Blind Services/Vocational Rehabilitation. THIS IS FOR ALL CASES IN FLORIDA

## 7. **Submission Requirements Checklist:**

Before submission, ensure the application includes:

- **Completed** Project Forms.
- Copy of ID/Proof of Florida Residency (Driver's License, Green Card, etc.).
- Diagnosis documentation from an eye care professional.
- Insurance denial letter and cards, if applicable.
- **All required** financial documents with client signature
- Only submit forms via email – do not text.

## 8. **Submission Contact Information**

- Once **all the above** has been completed, scan and email the entire package to the Director of Operations and/or Foundation Consultant.
- Contact information can be found on the Lions Saving Sight website.
- Approval or denial notices will be sent only via email - enter your email correctly, where indicated on the Project Form.

## 9. **Office Hours and Emergencies**

- Routine telephone calls: Monday -Friday 9 AM to 6 PM (see contact info on Website)
- Emergency Contact (non Cataract cases): Director of Operations and/or Foundation Consultant  
After hours calls accepted **only for true emergencies during surgery or where delaying surgery may result in loss of vision e.g. severe retina cases and severe glaucoma cases.**