

# EYE LOVE

PROGRAM APPLICATION

## CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
Name You Go By \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

## APPLICATION INFORMATION

Do you have medical insurance of any type? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have vision insurance? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

When was your last eye exam? \_\_\_\_\_

From Who? Where? \_\_\_\_\_

How old are your current glasses? \_\_\_\_\_

Have you ever received care through the Eye Love Program at BCEC before? \_\_\_\_\_

Are you currently at patient at BCEC? \_\_\_\_\_

How did you hear about the Eye Love Program at BCEC? \_\_\_\_\_  
\_\_\_\_\_

Why do you feel you need care and/or eyewear through the Eye Love Program at BCEC?

*Please be as specific as possible for complete consideration.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## \* BCEC OFFICE USE ONLY \*

Application Received \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ Notes on Application \_\_\_\_\_

Application Reviewed \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ \_\_\_\_\_

Materials Voucher:  Materials Pre-Approved  
 Materials at Discretion of Doctor Notes \_\_\_\_\_

Exam Voucher:  Approved  Not Approved \_\_\_\_\_

Exam Scheduled For \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

The Eye Love Program at BCEC was created to help provide eye care and eyewear to individuals in the local community who have no means to access care themselves. It is through the patronage of our incredible patients, the volunteer spirit of our doctors and staff and the support of our local community that we are able to bring the Eye Love Program to people in need.

The



**Project**  
@  **BCEC**

## About the **EYE LOVE** Program at BCEC

### APPLICATION AND APPROVAL

Anyone wishing to receive eye exam and/or materials voucher(s) through the Eye Love Program at BCEC must submit a completed application. Applications will be reviewed in a timely fashion, and approval is on a case by case basis. Approval one year does not guarantee approval for subsequent years, and approval for one individual does not guarantee approval for other members of that individual's family as well.

Our desire is to help as many people as we can, but due to our own limited resources not all who apply will be approved.

### APPOINTMENT

If approved, you will be contacted by the BCEC staff and an appointment will be scheduled at that time. If for any reason you cannot make your scheduled exam time, we require a minimum of 2 days notice to reschedule. Any cancellations or no-shows beyond that will result in disqualification from the Eye Love Program at BCEC and your spot will be given to the next qualified person in line.

Once approved, your name will be added to our wait list. Appointments will be given in the order they appear on our approved wait list. No walk-in same-day appointments are allowed.

### INSURANCE

Individuals with some form of a vision benefit plan will likely not be considered for the Eye Love Program as it is intended for people without access to eye care.

Individuals with medical insurance who have a medical eye problem will not be eligible for the Eye Love Program.

### MATERIALS

There is no guarantee of an eyewear materials voucher with approval for the Eye Love Program at BCEC. The decision to grant a materials voucher rests solely on the doctor's professional assessment of your vision and need. As a general guideline, you must be 20/40 or worse without correction or in your current glasses to qualify for eyewear in the Eye Love Program. Your eye doctor may also issue material vouchers as they deem necessary based on their exam findings.

Materials vouchers are valid on the date of service only, are non-transferrable and have no monetary value assigned to them. Eligible individuals will be allowed to choose from the designated frame selection, and they will receive either CR-39 or Polycarbonate single vision or lined bifocal lenses. No material or lens option upgrades will be allowed.