GEORGE FOUNDATION FOR SIGHT RESTORATION

Name: _____ Received Date _____ Notified? ☐

DOB: _____ AGE: _____

DIAGNOSIS: _____

ON FILE?

Wage Earner(s) _____ Income Info. _____

Source: _____ CIHCP Denial _____

Household Size: _____ Compliance _____

Members: _____ Tax Return _____

INSURED? YES ☐ NO ☐

IF ANSWERED YES

New ☐ **Renewal** ☐

TYPE: _____

>10% DEDUCTIBLE? _____

APPLICABLE FOR GOVERNMENT PROGRAM?

YES ☐ NO ☐

IF ANWSERED YES:

ACCOUNT: _____

DENIAL LETTER ON FILE? _____

MD(s): _____

APPOINTMENT INFORMATION:

PT. NOTIFIED? _____

APPROVED: _____ DENIED: _____