



1. Patient Information

Form with fields for First Name, Last Name, Date of Birth, Gender, Marital Status, Phone Number, Alternative Contact, Race, Ethnicity, Citizenship, and Primary Language.

2. Service(s) or Procedure(s) Recommended

Include a copy of your most recent eye exam summary with this application.

Form with fields for Service(s) or Procedure(s) Requested, Eye(s), Doctor's Name, and Phone Number.

3. Insurance Status

Form with fields for Insurance Status, Medical Assistance, and Reason for Denial.

4. Household Size and Monthly Income

Form with fields for Household Size, Monthly Household Income, and Income Source(s).

5. Consent & Waiver

By signing, you attest that the information provided on this application is accurate to the best of your knowledge and allow the Minnesota Eye Foundation to use non-identifying information to improve services and access additional funding.

Signature line with fields for Print Name, Signature, and Date.