The North Georgia Conference of The United Methodist Church

Park Eye Fund Grant Application

Recipient: _____

Address: _____

_____

_____

Physician Recommending Treatment: _____

Recommended Treatment: _____

Reimbursable Cost

With Third-Party Coverage

Actual Cost	
Less Co-Pay	
Less Insurance	
Amount Eligible for Reimbursement	

Without Third-Party Coverage

Actual Cost	
Less 10% of Total Cost	
Amount Eligible for Reimbursement	

UMC Clergy Recommending Grant: _____

Note: Requests for reimbursement should also include itemized statement from the Eye Clinic that shows the total cost less any third-party payments or reductions. Payment may be made directly to the Eye Clinic instead of reimbursing the patient.