



A TRADITION OF EXCELLENCE

St George's Hospital Inc

ST GEORGE'S EYE CARE

Treatment Support Grant Application

TO: Chief Executive Officer

DATE: _____

Name of patient	
Address	
Medical Insurer:	ACC prior approval:
Contact phone number:	

Reason for Support
Clinical – Brief clinical reason, need / benefit of treatment. (Please attach CPAC where available)

Financial – Please provide a brief financial reason for the Grant and the relief it will provide. If your patient requires 100% funding assistance, please state this and provide as much information as possible.

Requesting Ophthalmologist, Optometrist or General Practitioner:

Name: _____

Signature: _____ Date: _____

Date of Patient Consent / /

FOR OFFICE USE ONLY:

Recommended by St George's Eye Care

Estimated cost of treatment:		Recommended grant amount
First Specialist Assessment	\$ _____	\$ _____
Diagnostic tests	\$ _____	\$ _____
Surgery	\$ _____	\$ _____
	Clinical Director	CEO, St George's Hospital Inc
Name:	_____	_____
Signature:	_____	_____
Date:	_____	_____

Approved by ECBC – Any two Directors

	Director 1	Director 2
Directors Name:	_____	_____
Directors Signature:	_____	_____
Date:	_____	_____

Patient Consent

***in support of St George's Hospital Inc
Treatment Support Grant Application***

I, _____ consent to the following:

- 1 An application be made on my behalf to the Extended Charitable Benefits Committee of St George's Hospital Inc ("ECBC") for a Treatment Support Grant relating to my proposed treatment at St George's Eye Care. I acknowledge that the ECBC's decision is final and that not all applications for assistance will be successful; and
- 2 For the purposes of the Privacy Act 1993 and the Health Information Code, the release of my personal information to the ECBC, its Directors and associated persons, for the purpose of considering any Treatment Support Grant Application.

Having received an explanation from my General Practitioner, Optometrist, Ophthalmologist or the St George's Eye Care team as to the nature of the Treatment Support Grant Application, I confirm that I have disclosed all information which I believe may be relevant to the ECBC for the purpose of considering my application.

Dated: _____ Signed: _____