

Volunteer Enrollment Form

Ophthalmologists are encouraged to volunteer for all programs.

Volunteers agree to see no more than 15 patients per program, per ECA fiscal year.*

Yes, I wish to volunteer for: (check all that apply below)

Seniors EyeCare Program:** (*SEP is for seniors 65 and older*) Provide a comprehensive, medical eye exam and up to one year of care for any disease diagnosed during the initial exam—**at no out-of-pocket cost.** Volunteers accept Medicare and/or other insurance reimbursement as payment in full; patients without insurance receive care at no charge. (*Co-payments/deductibles are waived through an ECA waiver issued by the HHS Office of the Inspector General.*) You may call ECA if you find a patient needs to see a retina subspecialist for care that you are unable to provide.

Glaucoma EyeCare Program (GEP): Provide a glaucoma eye exam to patients who are determined to be at increased risk for glaucoma and initiate treatment, if necessary. Patients with insurance will be billed and are responsible for any co-payments. Patients without insurance receive the examination at no charge.

Diabetes EyeCare Program (DEP): (Limited to ophthalmologists who treat retinopathy.) Provide care for existing ECA patients who need a referral to receive care for retinopathy. Patient care and treatment is the same as the SEP: Volunteers accept Medicare and/or other insurance reimbursement as payment in full; patients without insurance receive care at no charge.

Signed: _____ Date: _____

Print Name: _____ AAOID# _____

My signature indicates that I have read and agree to the conditions of participation outlined above.

First office location:

Number/Street _____ City _____ State _____ Zip _____

Telephone _____ Contact Person _____

Email _____ Fax _____

Languages spoken: _____

Second office location

Number/Street _____ City _____ State _____ Zip _____

Telephone _____ Contact Person _____

Third office location

Number/Street _____ City _____ State _____ Zip _____

Telephone _____ Contact Person _____

Please add any additional offices on the backside or call our toll-free administration line 877-887-6327.

* ECA Fiscal Year 4/1-3/31

** formerly known as the National Eye Care Project (NECP) (Online) 072707