



Children's Eye
Foundation of aapos

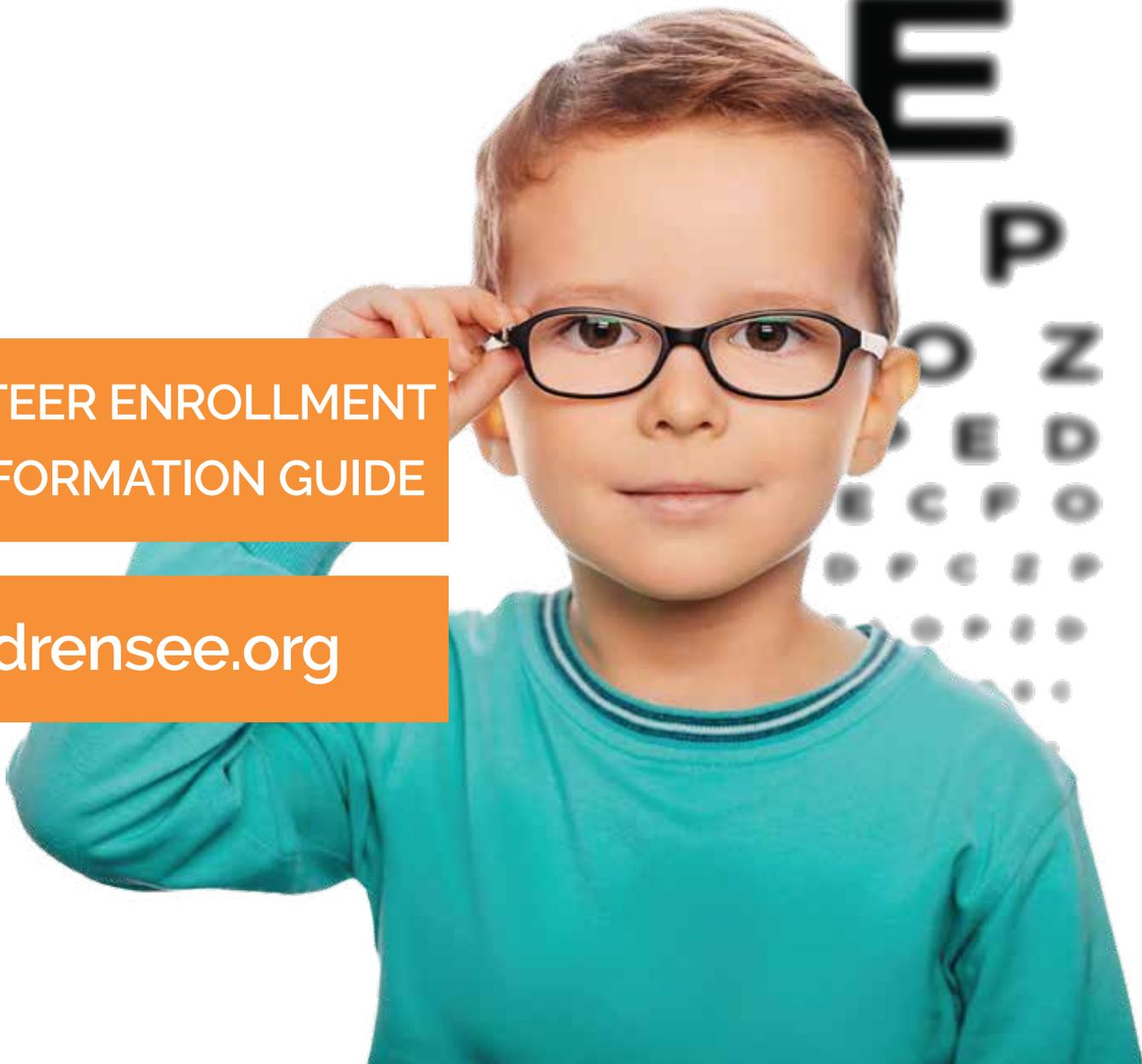
ALL CHILDREN SEE

OUR VISION IS CLEAR: END PREVENTABLE VISION LOSS IN CHILDREN

JOIN US TODAY!

VOLUNTEER ENROLLMENT
AND INFORMATION GUIDE

allchildrensee.org





Letter from CEF of AAPOS Executive Director

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Children's Eye Foundation of **aaos**
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415-561-8559
ceffaapos@aao.org
www.childreneyefoundation.org

Dear Doctor,

At a time when your community needs hope more than ever before, we have created a path for you to serve those who need you, but don't have access to your care.

All Children See (ACS) is a public service program of the Children's Eye Foundation of AAPOS. It depends upon volunteers to provide quality eye exams for United States children who are unable to receive care because of socioeconomic circumstances (uninsured or under-insured). **The need for this program has grown exponentially over the past months and we must respond to this growing crisis.**

Many children in the U.S. have eye or vision care needs that are not being met. Approximately 4.3 million children did not have any health insurance coverage in 2018. Furthermore, prior to the pandemic, more than 4 in 10 American workers did not have enough savings to cover their health care plan's soaring insurance deductible. As you know, the consequences of delaying treatment for children with visual impairment can be life-long, and can include blindness. We cannot afford to allow our children to skip care.

Please join CEF of AAPOS in addressing this important need and serve as one of the first volunteers for All Children See.

ACS volunteer ophthalmologists agree to provide a comprehensive medical eye exam to ACS referred children (US citizens/legal residents) 18 and under. Volunteers manage the number of patients they see annually. Many doctors see 1-2 patients a year. At any time, you may contact ACS to limit the number of patients seen through the program.

You maintain total control of the extent of your participation.

This program is a great way to give back to your community at a time when it needs you most.

For more information, please email me at kristen@childreneyefoundation.org

Sincerely,

Kristen Barbarics
Executive Director of Development
Children's Eye Foundation of AAPOS

FAQs

What is All Children See?

All Children See (ACS) is being created as a public service program of the Children's Eye Foundation of AAPOS. ACS volunteer ophthalmologists will provide a critically needed pathway to quality eye exams for all United States children (citizens/legal residents 18 and under), who are unable to access care because of socioeconomic circumstances (uninsured or under-insured).

How does All Children See work?

- Candidates fill out an on-line application at allchildrensee.org to determine if they are eligible.
- Eligible patients are matched to the nearest volunteer by zip code on a rotating basis.
- Volunteer doctor and patient receive referral letters.
- Volunteer doctor examines patient and provides follow up care for any condition diagnosed during the initial exam for up to one year, with no cost to the patient for the doctor's services.
- Volunteer doctor returns the patient outcome form to All Children See, via fax at 415-561-8531 or by completing the form online at allchildrensee.org.

How do All Children See patients qualify?

All Children See patients must be US citizens or legal residents, age 18 or under, and be uninsured, underinsured, or unable to satisfy co-payment requirements.

How many patients will I see?

- The average number of patients seen per year is 0-4, depending on the area and need.
- If at any time, you feel that you are seeing too many patients through the program, please contact ACS.

Volunteer Responsibilities

- 1) Provide a comprehensive medical eye exam and care to children (18 and under/US citizens or legal residents) at no charge and care for up to one year for any condition diagnosed during the initial eye exam.
- 2) All ACS patients receive care at no charge. Eligible patients with insurance will not be billed, resulting in no charge to the eligible patient for the volunteer's services.
- 3) If the patient requires care that is beyond the volunteer's expertise, the volunteer ophthalmologist agrees to either facilitate arranging care at no cost with another sub-specialist or contact the Children's Eye Foundation for a re-referral to a subspecialist volunteer, who is willing to care for the ACS patient in need of specialists.
- 4) After the one-year follow up period, future care is NOT a part of ACS. The doctor may refer the patient to local resources and/or discuss other available options through ACS.
- 5) Complete the outcome ACS form after the patient visit and return it to ACS via fax at 415-561-8531 or by completing the form online at allchildrensee.org.

Other fees: hospital, surgical, medications and eyeglasses:

- Additional services needed for care, that are out of the volunteer's control, such as: hospital, surgical facility and anesthesiologist fees, and medications are NOT part of the program and are the responsibility of the patients (or their insurance). If the patient is under-insured, encourage the patient to enroll in medical assistance plans, if available, or contact ACS to assist the patient.
- The program may include or cover the cost of eye patches, travel to and from the volunteer's office, and in some cases eyeglasses, to be determined by CEF funds available on an individual basis.

ACS Contacts

Kristen Barbarics
Executive Director of Development
Kristen@childrenseyefoundation.org

Mona Panchal
Development Associate
Mpanchal@aao.org
415-447-0387

Volunteer Enrollment Form

All Children See Volunteer Enrollment Form

Please visit us at allchildrensee.org to enroll using our electronic form.

I was referred by: _____

I volunteer to provide a comprehensive, medical eye exam and treatment to children (US legal residents/citizens under age 18) and follow-up care for up to one year for any disease diagnosed during the initial exam—at no out-of-pocket cost to ACS patients.

I volunteer to provide care at the following practice location(s).

Name of doctor: _____

AAO ID Number: _____

First Office Location:

Business Name: _____

Number/Street: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____ Office Email: _____

Languages Spoken: _____

Second Office Location:

Business Name: _____

Number/Street: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____ Office Email: _____

Languages Spoken: _____

Example Outcome Form for All Children See Patient

Hold form for 60 days or until patient is seen.	Hold form for 60 days or until patient is seen.
Mail or Fax back to 415-561-8531	Mail or Fax back to 415-561-8531
February 3, 2020	February 3, 2020
ID# 00004464	ID# 00004464
ATTN: OFFICE MANAGER	ATTN: OFFICE MANAGER DOCTOR NAME DOCTOR ADDRESS ANYWHERE, US 98765
DOCTOR NAME	
DOCTOR ADDRESS	
ANYWHERE, US 98765	
<p>1. Patient visit</p> <p> <input type="radio"/> Patient was seen <input type="radio"/> Patient did not schedule an appointment <input type="radio"/> Patient did not keep appointment <input type="radio"/> Patient was not seen </p> <p style="text-align: center;"><i>Please specify reason if known</i></p>	
<p>2. Diagnosis (<i>Check all that Apply</i>)</p> <p> <input type="radio"/> Amblyopia <input type="radio"/> No Disease <input type="radio"/> Strabismus <input type="radio"/> Blocked tear duct <input type="radio"/> Anisometropia <input type="radio"/> Refractive Error <input type="radio"/> Chalazion <input type="radio"/> Diabetic Mellitus <input type="radio"/> Other </p>	
<p>3. Which treatment did you recommend? (<i>Check all that apply</i>)</p> <p> <input type="radio"/> Surgery <input type="radio"/> Other Amblyopia Treatment <input type="radio"/> Medication _____ <input type="radio"/> Observation <input type="radio"/> Glasses <input type="radio"/> Subspecialty Referral </p>	
<p>4. Is follow-up needed? <input type="radio"/> Yes <input type="radio"/> No (<i>Please specify how frequent</i>)</p> <p> <input type="radio"/> Every 2-4 months <input type="radio"/> Every 6 months to 1 year <input type="radio"/> Every 4-6 months <input type="radio"/> Other: _____ </p>	
<p>5. Please circle the (<i>closest</i>) cost of care you provided for the initial ACS patient visit?</p> <p> <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> \$2,500 </p>	
<p>6. Please circle any subsequent costs you anticipate for the initial ACS patient visit. (<i>E.g. surgeon's fees, ongoing care for one year within the program</i>)</p> <p> <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> \$2,500 </p>	



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