

CAP

Nebraska Client Assistance Program

Hotline for Disability Services

Contact the Nebraska Client Assistance Program

Hotline for Disability Services

PO Box 94987

Lincoln, NE 68509

Toll Free Phone: 1-800-742-7594

Email: shari.bahensky@nebraska.gov

EYECARE AMERICA

Description:

EYECARE AMERICA OPERATES MULTIPLE TOLL-FREE HELP LINES THAT ALLOW CALLERS TO REQUEST FREE EYE HEALTH EDUCATIONAL MATERIALS OR TO SEE IF THEY QUALIFY FOR A REFERRAL TO ONE OF EYECARE AMERICA'S 7500+ VOLUNTEER OPHTHALMOLOGISTS NATIONWIDE. PROGRAMS INCLUDE: SENIORS EYECARE PROGRAM (FORMERLY NATIONAL EYECARE PROJECT): ENSURES THAT EVERY SENIOR HAS ACCESS TO MEDICAL EYE CARE AND PROMOTES ANNUAL, DILATED EYE EXAMS. ELIGIBLE PEOPLE RECEIVE A COMPREHENSIVE, MEDICAL EYE EXAM AND UP TO ONE YEAR OF TREATMENT - AT NO OUT-OF-POCKET COST - FOR ANY DISEASE DIAGNOSED DURING THE INITIAL EXAM. VOLUNTEER OPHTHALMOLOGISTS ACCEPT MEDICARE &/OR OTHER INSURANCE REIMBURSEMENT AS PAYMENT IN FULL; PATIENTS WITHOUT INSURANCE RECEIVE CARE AT NO CHARGE. GLAUCOMA EYECARE PROGRAM: PROMOTES EARLY DETECTION AND TREATMENT OF GLAUCOMA. THOSE ELIGIBLE WILL RECEIVE A GLAUCOMA EYE EXAM & THE INITIATION OF TREATMENT IF NECESSARY. UNINSURED PATIENTS RECEIVE THE ABOVE AT NO CHARGE. PATIENTS WITH INSURANCE WILL BE BILLED AND ARE RESPONSIBLE FOR ANY CO-PAYMENTS &/OR COST OF THE EYE EXAM. DIABETES EYECARE PROGRAM: PROMOTES ANNUAL DILATED EYE EXAMS FOR PEOPLE WITH DIABETES. THOSE ELIGIBLE RECEIVE A COMPREHENSIVE MEDICAL EYE EXAM & UP TO ONE YEAR OF TREATMENT - AT NO OUT-OF-POCKET EXPENSE - FOR ANY CONDITION DIAGNOSED DURING THE INITIAL EXAM. ACCEPT MEDICARE AND OTHER INSURANCE REIMBURSEMENT AS PAYMENT IN FULL. UNINSURED PATIENTS WILL RECEIVE THE ABOVE CARE AT NO CHARGE. CHILDREN'S EYECARE PROGRAM: EDUCATE PARENTS ON HOW TO RECOGNIZE THE SYMPTOMS OF EYE DISEASES & DISORDERS.

Eligibility:

MUST BE A U.S. CITIZEN OR LEGAL RESIDENT, AND HAVE NOT SEEN AN OPHTHALMOLOGIST IN THE LAST 3 YEARS. PATIENTS WHO ARE IN A PREPAID HEALTH CARE PLAN (HMO) OR WHO OBTAIN CARE THROUGH A GOVERNMENT CARE FACILITY (ARMED FORCES OR VA) ARE NOT ELIGIBLE. SENIOR PROGRAM MUST BE 65+ DIABETES PROGRAM MUST HAVE DIABETES GLAUCOMA PROGRAM MUST HAVE NOT HAD AN EYE EXAM IN 12 MONTHS OR MORE AND ARE AT INCREASED RISK FOR GLAUCOMA

List of Provided Services:

Assessment Services: Visual Assessment

Medical: Financial Medical, Vision

Contact Information:

Address:

PO BOX 429098

SAN FRANCISCO CA 94142

Hours of Operation: 24 HOURS

Website: www.eyecareamerica.org

Main Phone: 877-887-6327 (EYES) Senior Program

Other Phone(s):

Phone: 800.391.3937 (EYES) Glaucoma

Phone: 800.272.3937 (EYES) Diabetes

Phone: 1-800-628-6733 Children's

Fax: 415.561.8533

Main Email:

Other Email(s):

pubserv@aao.org

Main Contact(s):

STAFF

Other Contact(s):

General Information

Agency ID: 1263

Counties Served:

Adams, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York, Arthur, Antelope

Ages Served: All Ages

Disabilities Served:

Alcohol/Drug, BIMBI (Behavioral Impairment/Mental Illness), Brain Injury/Head Injury, DD (Developmental Disability including ID), Hearing Impairment, LD (Learning Disability), OHI - Other Health Impairment, Orthopedic, Speech Disability, Visual Disability

Wheelchair Accessible: Yes

Fees: NONE

Sliding Fee Schedule: Yes

Interpreters on Staff:

How to Appeal a Decision: