



# Ho'ola Cares

## 2023 LEVEL E



### Pharmacy Sliding Fee Discount Program - Eligibility Form

Patient Name \_\_\_\_\_

(Last) (First) (Middle)

Homeless (Check box if patient is homeless)

\$

Total number of people in family \_\_\_\_\_

Monthly Income of the family \_\_\_\_\_

Level: (Check income category from table below)  F

Type of documentation Reviewed \_\_\_\_\_

Verified by \_\_\_\_\_

Date Signed \_\_\_\_\_

**\*\*Must receive income document(s) within 7 days from signed or patient will pay full charges**

***By signing this, I attest that the above information is correct to the best of my knowledge***

Patient's Signature (if Child, then Parent's signature) \_\_\_\_\_

Date \_\_\_\_\_

#### MONTHLY INCOME - SLIDING FEE SCHEDULE

Persons In Family	Level E - 201% - 250% Above Poverty
1	\$2,796 - \$3,494
2	\$3,781 - \$4,725
3	\$4,766 - \$5,956
4	\$5,751 - \$7,188
5	\$6,736 - \$8,419
6	\$7,721 - \$9,650
7	\$8,706 - \$10,881
8	\$9,691 - \$12,113
Patient Pays Pharmacy	Costs per prescription are based on a minimum of co-pay of \$3 for drugs other than controlled substances which require a minimum co-pay \$5. Drugs with a higher acquisition cost are charged on a cost plus the minimum co-pay.

**Effective February 1, 2023 @Ho'ola Lahui Hawaii'i/Kauai Community Health Centers**

Notes: For family units with more than 8 members, add \$492 monthly to 100% or \$5,910 annually for each additional member

**Monthly Income Conversion Calculations:**

- \* To convert weekly pay, multiple gross pay by 52 and divide by 12 (sample week gross pay = \$250 X52= \$13,000/12 = \$1,083.34
- \* To convert bi-weekly pay, multiple gross pay by 26 and divide by 12 (sample bi-weekly gross pay = \$550 X26= \$14,300/12 = \$1,191.67
- \* To convert semi-monthly pay, multiply gross pay by 24 and divide by 12 (sample semi-monthly gross pay = \$600 X24= \$14,400/12 = \$1,200.00)