Ho'ola Cares

2023

LEVEL F

Dental 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 F 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 Dental	Patient Receives 25% Discount on Procedures

Effective February 1, 2023 @Ho'ola Lahui Hawai'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)

updated: 01-30-23