



Ho'ola Cares

2020
LEVEL B - E

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)

 B

 C

 D

 E

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 B 100% or Below Poverty Level	Level C 101% to 138% Above Poverty	Level D 139% to 150% Above Poverty	Level E 151% to 200% Above Poverty
1	\$0 - \$1,223	\$1,224 - \$1,688	\$1,689 - \$1,835	\$1,836 - \$2,447
2	\$0 - \$1,653	\$1,654 - \$2,280	\$2,281 - \$2,479	\$2,480 - \$3,305
3	\$0 - \$2,082	\$2,083 - \$2,873	\$2,874 - \$3,123	\$3,124 - \$4,163
4	\$0 - \$2,511	\$2,512 - \$3,465	\$3,466 - \$3,766	\$3,765 - \$5,022
5	\$0 - \$2,940	\$2,941 - \$4,057	\$4,058 - \$4,410	\$4,411 - \$5,880
6	\$0 - \$3,369	\$3,370 - \$4,649	\$4,650 - \$5,054	\$5,055 - \$6,738
7	\$0 - \$3,798	\$3,799 - \$5,242	\$5,243 - \$5,698	\$5,699 - \$7,597
8	\$0 - \$4,228	\$4,229 - \$5,834	\$5,835 - \$6,341	\$6,342 - \$8,455
Patient Pays Dental	Nominal Fee of: \$25 / Visit	Patient Receives 75% Discount on Procedures	Patient Receives 70% Discount on Procedures	Patient Receives 50% Discount on Procedures

Effective February 1, 2020 @Ho'ola Lahui Hawai'i/Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$429 monthly to 100% or \$5,150 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)