HO'OLA LAHUI HAWAI'I

PHARMACY FITNESS CENTER

KAUAI COMMUNITY HEALTH CENTER

Ho'ola Cares

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 - $1,155	$1,156 - $1,594	$1,595 - $1,733	$1,734 - $2,310
2	$0 - $1,556	$1557 - $2147	$2,148 - $2,334	$2,335 - $3,112
3	$0 - $1957	$1,958- $2,700	$2,701- $2,935	$2,936 - $3,913
4	$0 - $2,358	$2,359 - $3,253	$3,254 - $3,536	$3,537 - $4,715
5	$0 - $2,758	$2,759 - $3,807	$3,808 - $4,138	$4,139 - $5,517
6	$0 - $3,159	$3,160 - $4,360	$4,361 - $4,739	$4,740 - $6,318
7	$0 - $3,560	$3,561 - $4,913	$4,914 - $5,340	$5,341 - $7,120
8	$0 - $3,961	$3,962 - $5,466	$5,467 - $5,941	$5,942 - $7,922
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 March 1, 2017 @Ho'ola Lahui Hawai'i/Kauai Community Health Centers

Notes: For family units with more than 8 members, add $385 monthly to 100% or $4,310 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: 02-09-17