



Ho'ola Cares

2019
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 - \$1,198	\$1,199 - \$1,654	\$1,655 - \$1,798	\$1,799 - \$2,397
2	\$0 - \$1,622	\$1,623 - \$2,238	\$2,239 - \$2,433	\$2,434 - \$3,243
3	\$0 - \$2,045	\$2,046 - \$2,822	\$2,823 - \$3,068	\$3,069 - \$4,090
4	\$0 - \$2,468	\$2,469 - \$3,406	\$3,407 - \$3,703	\$3,704 - \$4,937
5	\$0 - \$2,892	\$2,893 - \$3,991	\$3,992 - \$4,338	\$4,339 - \$5,783
6	\$0 - \$3,315	\$3,316 - \$4,575	\$4,576 - \$4,973	\$4,974 - \$6,630
7	\$0 - \$3,738	\$3,739 - \$5,159	\$5,160 - \$5,608	\$5,609 - \$7,477
8	\$0 - \$4,162	\$4,163 - \$5,743	\$5,744 - \$6,243	\$6,244 - \$8,323
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 May 1, 2019 @Ho'ola Lahui Hawai'i/Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$423 monthly to 100% or \$5,080 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)