



# Ho'ola Cares

2019  
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% to 250% Above Poverty
1	\$2,398 - \$2,996
2	\$3,244 - \$4,054
3	\$4,091 - \$5,113
4	\$4,938 - \$6,171
5	\$5,784 - \$7,229
6	\$6,631 - \$8,288
7	\$7,478 - \$9,346
8	\$8,324 - \$10,404
Patient Pays Dental	Patient Receives 25% Discount on Procedures

**Effective May 1, 2019 @ Ho'ola Lahui Hawaii'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)