



Ho'ola Cares

2020
LEVEL E

Medical 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) E

Type of documentation Reviewed

Verified by

Date Signed

***Must receive income document(s) within 7 days from signed or patient will lose Courtesy Discount*

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 | \$2448 - \$3,058 |
| 2 | \$3,306 - \$4,131 |
| 3 | \$4164 - \$5204 |
| 4 | \$5,023 - \$6,277 |
| 5 | \$5,881 - \$7,350 |
| 6 | \$6,739 - \$8,423 |
| 7 | \$7,598 - \$9,496 |
| 8 | \$8,456 - \$10,569 |
| Patient Pays Medical | Patient Pays: \$75 / Visit plus 25% Discount on Procedures |
| Behavioral Health | \$75 / Visit |

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)