



Ho'ola Cares

2020
LEVEL E

Pharmacy 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 E 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 Pharmacy	Costs per prescription are based on a minimum of co-pay of \$3 for drugs other than controlled substances which require a minimum co-pay of \$5. Drugs with a higher acquisition cost are charged on a cost plus the minimum co-pay.

Effective February 5, 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)