



Ho'ola Cares 2024 LEVEL E



Medical & Behavioral Health 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 date signed or patient will lose Courtesy Discount***

By Signing this, I attest tht 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	\$2,886 - \$3,606
2	\$3,918 - \$4,896
3	\$4,949 - \$6,185
4	\$5,981 - \$7,475
5	\$7,013 - \$8,765
6	\$8,044 - \$10,054
7	\$9,076 - \$11,344
8	\$10,108 - \$12,633
Patient Pays Medical	Patient Pays: \$75 / Visit plus 25% Discount on Procedures
Patient Pays Behavioral Health	\$75 / Visit

Effective February 1, 2024 @ Ho'ola Lahui Hawai'i / Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$515 monthly to 100% or \$6,190 annually for each additional member

Monthly Income Conversion Calculations:

- * To convert weekly pay, multiply 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, multiply 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)