



Ho'ola Cares

2021
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 - \$1,235	\$1,236 - \$1,704	\$1,705 - \$1,853	\$1,854 - \$2,470
2	\$0 - \$1,670	\$1,671 - \$2,305	\$2,306 - \$2,505	\$2,506 - \$3,340
3	\$0 - \$2,105	\$2,106 - \$2,905	\$2,906 - \$3,158	\$3,159 - \$4,210
4	\$0 - \$2,540	\$2,541 - \$3,505	\$3,506 - \$3,810	\$3,811 - \$5,080
5	\$0 - \$2,975	\$2,976 - \$4,106	\$4,107 - \$4,463	\$4,464 - \$5,950
6	\$0 - \$3,410	\$3,411 - \$4,706	\$4,707 - \$5,115	\$5,116 - \$6,820
7	\$0 - \$3,845	\$3,846 - \$5,306	\$5,307 - \$5,768	\$5,769 - \$7,690
8	\$0 - \$4,280	\$4,281 - \$5,906	\$5,907 - \$6,420	\$6,421 - \$8,560
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 February 1, 2021 @Ho'ola Lahui Hawai'i/Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$435 monthly to 100% or \$5,220 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)