

# Ho'ola Cares 2024 LEVEL B - E



**Date Signed** 

### **Dental Sliding Fee Discount Program - Eligibility Form**

<u>Patient Name</u>								
(Last)		(First)		(Middle)				
Total Number Of People In Family	Monthly Income o	f the Family	,	Homeless (Check box if patient is homeless)				
Level: (Check income category from table below)	В	c	D	E				

Type of Documentation Reviewed Verified by:

\*\*Must receive income document(s) within 7 days from date signed or patient will pay full charges

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

D	LEVEL B	LEVEL C	LEVEL D	LEVEL E
Persons in Family	100% or Below	101% to 138%	139% to 150%	151% to 200%
	Poverty Level	Above Poverty	Above Poverty	Above Poverty
1	\$0 - \$1,443	\$1,444 - \$1,991	\$1,992 - \$2,164	\$2,165 - \$2,885
2	\$0 - \$1,958	\$1,959 - \$2,703	\$2,704 - \$2,938	\$2,939 - \$3,917
3	\$0 - \$2,474	\$2,475 - \$3,414	\$3,415 - \$3,711	\$3,712 - \$4,948
4	\$0 - \$2,990	\$2,991 - \$4,126	\$4,127 - \$4,485	\$4,486 - \$5,980
5	\$0 - \$3,506	\$3,507 - \$4,838	\$4,839 - \$5,259	\$5,260 - \$7,012
6	\$0 - \$4,022	\$4,023 - \$5,550	\$5,551 - \$6,033	\$6,034 - \$8,043
7	\$0 - \$4,538	\$4,539 - \$6,262	\$6,263 - \$6,806	\$6,807 - \$9,075
8	\$0 - \$5,053	\$5,054 - \$6,974	\$6,975 - \$7,580	\$7,581 - \$10,107
Patient Pays Dental	Nominal Fee of: \$25 / Visit	Patient Receives 75% Discount on Procedures	Patient Receves 70% Discount on Procedures	Patient Receives 50% Discount on Procedures

## 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)