



Ho'ola Cares

2022 LAB - XRAY 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) A B C D

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 A 100% or Below Poverty Level | Level B 101% to 138% Above Poverty | Level C 139% to 150% Above Poverty | Level D 151% to 200% Above Poverty |
|-------------------|-------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|
| 1 | \$0 - \$1,303 | \$1,304 - \$1,797 | \$1,798 - \$1,954 | \$1,955 - \$2,605 |
| 2 | \$0 - \$1,755 | \$1,756 - \$2,422 | \$2,423 - \$2,633 | \$2,634 - \$3,510 |
| 3 | \$0 - \$2,208 | \$2,209 - \$3,046 | \$3,407 - \$3,311 | \$3,312 - \$4,415 |
| 4 | \$0 - \$2,660 | \$2,661 - \$3,671 | \$3,372 - \$3,990 | \$3,991 - \$5,320 |
| 5 | \$0 - \$3,113 | \$3,114 - \$4,295 | \$4,296 - \$4,669 | \$4,670 - \$6,225 |
| 6 | \$0 - \$3,565 | \$3,566 - \$4,920 | \$4,921 - \$5,348 | \$5,349 - \$7,130 |
| 7 | \$0 - \$4,018 | \$4,019 - \$5,544 | \$5,545 - \$6,026 | \$6,027 - \$8,035 |
| 8 | \$0 - \$4,470 | \$4,471 - \$6,169 | \$6,170 - \$6,705 | \$6,706 - \$8,940 |
| Patient Pays | Nominal Fee of: | Patient Pays: | Patient Pays: | Patient Pays: |
| LAB | No Charge | 70% Discount on Labs | 60% Discount on Labs | 50% Discount on Labs |
| X-RAY | No Charge | 70% Discount on x-rays | 60% Discount on x-rays | 50% Discount on x-rays |

Effective February 1, 2022 @Ho'ola Lahui Hawaii'i/Kauai Community Health Centers

Notes: For family units with more than 8 members, add \$453 monthly to 100% or \$5,430 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)