

Ho'ola Cares

2022 LEVEL B - E

Dental Sliding Fee Discount Program - Eligibility Form

Patient Name				
	(Last)	(First)		(Middle)
	Homeless (Check box if	patient is homeless)		\$
otal number of people in famil	у			Monthly Income of the family
evel: (Check income category	y from table below) 🔲 B	C D	□ E	
Type of documentat	ion Reviewed		Verified by	Date Signed
<u>**Mu</u>	st receive income document(s)	within 7 days from sigr	ned or patient will <u>p</u>	pay full charges
By sigi	ning this, I attest that the abo	ve information is cor	rect to the best of	my knowledge
Patient's Signature (if Chil	d, 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 - \$1,303	\$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 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, 2022 @Ho'ola Lahui Hawai'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 \times 52 = $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)