



# Ho'ola Cares 2025 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 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**

Persons in Family	<b>LEVEL E</b>
	201% to 250% Above Poverty
1	\$2,999 - \$3,748
2	\$4,054 - \$5,067
3	\$5,109 - \$6,385
4	\$6,164 - \$7,704
5	\$7,219 - \$9,023
6	\$8,274 - \$10,342
7	\$9,329 - \$11,660
8	\$10,384 - \$12,979
Patient Pays Medical	Patient Pays: \$75 / Visit plus 25% Discount on Procedures
Patient Pays Behavioral Health	\$75 / Visit

**Effective February 1, 2025 @ Ho'ola Lahui Hawai'i / Kauai Community Health Centers**

**Notes: For family units with more than 8 members, add \$528 monthly to 100% or \$6,300 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)