HO'OLA LAHUI HAWAI'I

KAUA'I COMMUNITY HEALTH CENTER

Ho'ola Cares 2025 LEVEL A - D



Pharmacy Sliding Fee Discount Program Eligibility Form

Patient Name (First) (Middle) (Last) Homeless (Check box if patient is homeless) Monthly Income of the Family **Total Number Of People In Family** D В Α С Level: (Check income category from table below)

> **Type of Documentation Reviewed Date Signed** 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

MONTHLY INCOME - SLIDING FEE SCHEDULE LEVEL A LEVEL B LEVEL C LEVEL D Persons in 100% or Below Poverty 101% to 138% 139% to 150% Above 151% to 200% Family Above Poverty Above Poverty Level Povertv

\$1,500 - \$2,069

\$2,028 - \$2,797

\$2,555 - \$3,525

\$3,083 - \$4,253

\$3,610 - \$4,981

\$4,138 - \$5,709

Patient's Signature (if Child, then Parent's Signature

\$0 - \$1,499

\$0 - \$2,027

\$0 - \$2,554

\$0 - \$3,082

\$0 - \$3,609

\$0 - \$4,137

7 \$0 - \$4,664 \$4,665 - \$6,437 \$6,438 - \$6,996 \$6,997 - \$9,328 8 \$0 - \$5,192 \$5.193 - \$7.165 \$7.166 - \$7.788 \$7,789 - \$10,383 **Patient Pays** Costs per prescription are based on a minimum co-pay of \$3 for drugs other than controlled Pharmacv substances which require a minimum co-pay \$5. Drugs with a higher acquisition cost are charged on a cost plus the minimum co-pay.

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:

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- * 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)

\$2,250 - \$2,998

\$3,041 - \$4,053

\$3,832 - \$5,108

\$4,624 - \$6,163

\$5,415 - \$7,218

\$6,206 - \$8,273

Date

\$2,070 - \$2,249

\$2,798 - \$3,040

\$3,526 - \$3,831

\$4,254 - \$4,623

\$4,982 - \$5,414

\$5,710 - \$6,205