

Ho'ola Cares 2025 LEVEL B - E



<u>Dental Sliding Fee Discount Program - Eligibility Form</u>

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

Davasana in	LEVEL B	LEVEL C	LEVEL D	LEVEL E
Persons in Family	100% or Below Poverty	101% to 138%	139% to 150% Above	151% to 200%
	Level	Above Poverty	Poverty	Above Poverty
1	\$0 - \$1,499	\$1,500 - \$2,069	\$2,070 - \$2,249	\$2,250 - \$2,998
2	\$0 - \$2,027	\$2,028 - \$2,797	\$2,798 - \$3,040	\$3,041 - \$4,053
3	\$0 - \$2,554	\$2,555 - \$3,525	\$3,526 - \$3,831	\$3,832 - \$5,108
4	\$0 - \$3,082	\$3,083 - \$4,253	\$4,254 - \$4,623	\$4,624 - \$6,163
5	\$0 - \$3,609	\$3,610 - \$4,981	\$4,982 - \$5,414	\$5,415 - \$7,218
6	\$0 - \$4,137	\$4,138 - \$5,709	\$5,710 - \$6,205	\$6,206 - \$8,273
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 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, 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)