



**COMMUNITY CLINIC OF MAUI, INC.
dba MĀLAMA I KE OLA HEALTH CENTER
SLIDING FEE SCALE**

Effective Date: 04/21/21

SERVICE LINE: ALL PROGRAMS EXCEPT DENTAL, BEHAVIORAL HEALTH, FAMILY PLANNING AND PHARMACY

Number of Family Members	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Annual Income Ranges:								
B =<100% of Poverty (Nominal Charge)	14,820	20,040	25,260	30,480	35,700	40,920	46,140	51,360
C 101 - 150% of Poverty	14,821	20,041	25,261	30,481	35,701	40,921	46,141	51,361
	22,230	30,060	37,890	45,720	53,550	61,380	69,210	77,040
D 151 - 175% of Poverty	22,231	30,061	37,891	45,721	53,551	61,381	69,211	77,041
	25,935	35,070	44,205	53,340	62,475	71,610	80,745	89,880
E 176 - 200% of Poverty	25,936	35,071	44,206	53,341	62,476	71,611	80,746	89,881
	29,640	40,080	50,520	60,960	71,400	81,840	92,280	102,720
F > 200% of Poverty	29,641	40,081	50,521	60,961	71,401	81,841	92,281	102,721
	+	+	+	+	+	+	+	+

For households with members greater than above, add \$5,150 to code B income amounts for each additional person in the household.

Monthly Income Ranges:

B =<100% of Poverty (Nominal Charge)	1,235	1,670	2,105	2,540	2,975	3,410	3,845	4,280
C 101 - 150% of Poverty	1,235	1,670	2,105	2,540	2,975	3,410	3,845	4,280
	1,853	2,505	3,158	3,810	4,463	5,115	5,768	6,420
D 151 - 175% of Poverty	1,853	2,505	3,158	3,810	4,463	5,115	5,768	6,420
	2,161	2,923	3,684	4,445	5,206	5,968	6,729	7,490
E 176 - 200% of Poverty	2,161	2,923	3,684	4,445	5,206	5,968	6,729	7,490
	2,470	3,340	4,210	5,080	5,950	6,820	7,690	8,560
F > 200% of Poverty	2,470	3,340	4,210	5,080	5,950	6,820	7,690	8,560
	+	+	+	+	+	+	+	+

Code	Fixed Fee	Prompt Pay Discount	Discounted Fee
B	\$25.00	(\$12.50)	\$12.50
C	\$35.00	(\$17.50)	\$17.50
D	\$75.00	(\$37.50)	\$37.50
E	\$100.00	(\$50.00)	\$50.00
F	100% of charges	50% discount	50%



COMMUNITY CLINIC OF MAUI, INC.
 dba MALAMA I KE OLA HEALTH CENTER
 SLIDING FEE SCALE
 SERVICE LINE: DENTAL

Effective Date: 04/21/21

Number of Family Members	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Annual Income Ranges:								
B =<100% of Poverty (Nominal Charge)	14,820	20,040	25,260	30,480	35,700	40,920	46,140	51,360
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	29,641	40,081	50,521	60,961	71,401	81,841	92,281	102,721
	+	+	+	+	+	+	+	+

Code	Level of Service	Fee (Note A)	50% Prompt Pay Discount	Discounted Fee (% of charges)
B	Basic	\$40.00 Flat Fee	(\$20.00)	\$20.00
	Intermediate	\$100.00 Flat Fee	(\$50.00)	\$50.00
	Complex	\$200.00 + Lab Fee*	(\$100.00) (+ 50% Lab Fee)	\$100.00 + 50% Lab Fee
C		40% % of charges	50% discount	20.0%
D		60% % of charges	50% discount	30.0%
E		80% % of charges	50% discount	40.0%
F		100% % of charges	50% discount	50.0%

For households with members greater than above, add \$5,150 to code B income amounts for each additional person in the household.

Note A: The nominal charge (flat fee) will always be less than the fee paid by a patient in sliding fee scale categories C through F.

* Lab Fees: Crown Lab Fee is \$200 per tooth; Denture Lab Fee is \$300 per arch.

- Basic Services:** Preventive, acute emergency & diagnostic procedures (exams, recalls, radiographs, temporary fillings, denture adjustments, simple extractions, space maintenance)
- Intermediate Services:** Treatment of dental disease/early maintenance & restorative procedures (fillings, periodontal maintenance, endodontics for primary teeth, non-evasive endodontics)
- Complex Services:** Rehabilitative (fabrication of dentures, prosthetics, oral surgery & any other specialty services)

