

Malama I Ke Ola Dental Sliding Fee Discount Application

Please Complete Sliding Fee Discount Application.

The Gross income amount in the application must match the amount on your proof of income.

†Please submit one of one of the following as (POI) proof of income:

- Your most recent paycheck stub
- You most recent federal income tax 1040 form (including Schedule C if self-employed);
- A letter from your employer indicating earnings (signed, with employer Tax ID#);
- Social Security, Unemployment, Retirement Benefits statements or pay stubs; or
- Your most recent bank statement.

Your proof of income is good for one year and must be updated annually. Applications lacking required documentation may disqualify you from receiving a discount. For Clinical services, if you are able to pay in full at the time of your visit, you will receive a Prompt Pay Discount of 50%. This discount may not be applied to insurance co- pays.

If you cannot provide Proof of income or do not qualify for sliding fee discount, please complete the “Non-Qualifying Patient Waiver” form.



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HEALTH CENTER