



Five Mountains Hawaii, Inc- dba Kīpuka o ke Ola (KOKO)

Native Hawaiian Rural Health Clinic

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Website: www.kipukaokeola.com

Sliding Fee Discount Program Application

KOKO is committed to providing services to all patients and will make available discount services to those in financial need. All patients shall be charged without prejudice of their ability to pay. If unable to pay in full - KOKO has a Sliding Fee Discount Program. KOKO will also make efforts to cover expenses in a Pro Bono manner (waiving of fees) in cases where absolutely no financial resources are available.

KOKO has a Sliding Fee Discount Program and utilizes the “Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty” as established in the Federal Poverty Guidelines to determine eligibility.

Please complete this application and turn into the Front Desk at the Clinic. If you would like assistance in filling-out this form, please let us know, as our Clinical Case Manager will be happy to help you complete this application.

Name of Applicant		Place of Employment	
Address		Phone	
List Self, Spouse and Dependents			
	Name & DOB		Name & DOB
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income				
	Self	Source	Other	Total
Gross wages, salaries, tips, etc				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____