Thomas H Boyd Memorial Hospital

d/b/a Boyd Healthcare Services

800 School Street Carrollton, IL 62016 (217)942-6946

2024 SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category

Poverty Level*	100%	101-200%	201-250%	251-300%	>300%
Family Size	100% discount	100% discount	75% discount	50% discount	0% discount
1	$ 15,060	$ 30,120	$ 37,650	$ 45,180	$ 45,180
2	$ 20,440	$ 40,880	$ 51,100	$ 61,320	$ 61,320
3	$ 25,820	$ 51,640	$ 64,550	$ 77,460	$ 77,460
4	$ 31,200	$ 62,400	$ 78,000	$ 93,600	$ 93,600
5	$ 36,580	$ 73,160	$ 91,450	$ 109,740	$ 109,740
6	$ 41,960	$ 83,920	$ 104,900	$ 125,880	$ 125,880
7	$ 47,340	$ 94,680	$ 118,350	$ 142,020	$ 142,020
8	$ 52,720	$ 105,440	$ 131,800	$ 158,160	$ 158,160
For each additional person, add	$ 5,380	$ 10,760	$ 13,450	$ 16,140	$ 16,140

The 2024 poverty guidelines are in effect as of January 12, 2024.

*Based on Federal Poverty Guidelines (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines)