



Thomas H Boyd Memorial Hospital
d/b/a Boyd Healthcare Services
800 School St.
Carrollton, IL 62016

Patient Financial Assistance Program – Plain Language Summary

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE. The mission of Thomas H Boyd Memorial Hospital d/b/a Boyd Healthcare Services is to provide quality health care and promote wellness for the residents in our region through Health Services, information resources and education. Boyd Healthcare Services recognizes that not all patients have the financial resources to pay their hospital or rural health clinic bills.

Eligible Patients: Boyd Healthcare Services offers financial assistance to help assist people who cannot pay their hospital and rural health clinic bills. Eligible patients are those who receive eligible services and who submit a completed Financial Assistance Application which includes supporting documentation and information.

Determination of Eligibility – Financial Assistance is generally determined by a sliding scale of total household income based on federal poverty guidelines. When total household income is less than 200% of the Federal Poverty Level, a discount of 100% from gross charges will apply. When total household income is between 201% and 300% of the Federal Poverty Level, a partial discount applies. An individual who qualifies for financial assistance under this policy will not be charged more for an episode of emergency medical care or other medically necessary care than the amount generally billed to individuals who have insurance covering such care.

How to Apply: An application must be completed and submitted to the hospital in person, by mail, or by fax to apply for free or discounted care within 240 days (8 months) from the post discharge date. More information, including a copy of our financial assistance policy and free application is on our website at <https://www.boydhcs.org/about-us/financial-assistance> or by contacting our financial counselor Monday through Thursday 8:00 am to 4:00 pm at the contact information listed below.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance. Thank you for choosing Boyd Healthcare Services for your healthcare needs.

Our contact information and applications can be returned to:

Thomas H Boyd Memorial Hospital
Attn: Patient Financial Assistance Program
800 School St.
Carrollton, IL 62016
Phone: (217) 942-6946
Fax: (217) 942-9012