Thomas H Boyd Memorial Hospital

d/b/a Boyd Healthcare Services

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

2022 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	$ 13,590	$ 27,180	$ 33,975	$ 40,770	$ 40,770
2	$ 18,310	$ 36,620	$ 45,775	$ 54,930	$ 54,930
3	$ 23,030	$ 46,060	$ 57,575	$ 69,090	$ 69,090
4	$ 27,750	$ 55,500	$ 69,375	$ 83,250	$ 83,250
5	$ 32,470	$ 64,940	$ 81,175	$ 97,410	$ 97,410
6	$ 37,190	$ 74,380	$ 92,975	$ 111,570	$ 111,570
7	$ 41,910	$ 83,820	$ 104,775	$ 125,730	$ 125,730
8	$ 46,630	$ 93,260	$ 116,575	$ 139,890	$ 139,890
For each additional person, add	$ 4,720	$ 9,440	$ 11,800	$ 14,160	$ 14,160

*Based on Federal Poverty Guidelines (http://aspe.hhs.gov/poverty)