



Thomas H Boyd Memorial Hospital

d/b/a Boyd Healthcare Services

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

2023 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	\$ 14,580	\$ 29,160	\$ 36,450	\$ 43,740	\$ 43,740
2	\$ 19,720	\$ 39,440	\$ 49,300	\$ 59,160	\$ 59,160
3	\$ 24,860	\$ 49,720	\$ 62,150	\$ 74,580	\$ 74,580
4	\$ 30,000	\$ 60,000	\$ 75,000	\$ 90,000	\$ 90,000
5	\$ 35,140	\$ 70,280	\$ 87,850	\$ 105,420	\$ 105,420
6	\$ 40,280	\$ 80,560	\$ 100,700	\$ 120,840	\$ 120,840
7	\$ 45,420	\$ 90,840	\$ 113,550	\$ 136,260	\$ 136,260
8	\$ 50,560	\$ 101,120	\$ 126,400	\$ 151,680	\$ 151,680
For each additional person, add	\$ 5,140	\$ 10,280	\$ 12,850	\$ 15,420	\$ 15,420

The 2023 poverty guidelines are in effect as of January 19, 2023.

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

