

## Big Sandy Medical Center

### Sliding Fee Schedule

Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	100 % Discount	80% Discount	60% Discount	40% Discount	20% Discount	0% Discount
1	\$15,650	\$19,562.50	\$23,475	\$27,387.50	\$ 31,300	\$ 35,212.50
2	\$21,150	\$26,437.50	\$31,725	\$37,012.50	\$ 42,300	\$ 47,587.50
3	\$26,650	\$33,312.50	\$39,975	\$46,637.50	\$ 53,300	\$ 59,962.50
4	\$32,150	\$40,187.50	\$48,225	\$56,262.50	\$ 64,300	\$ 72,337.50
5	\$37,650	\$47,062.50	\$56,475	\$65,887.50	\$ 75,300	\$ 84,712.50
6	\$43,150	\$53,937.50	\$64,725	\$75,512.50	\$ 86,300	\$ 97,087.50
7	\$48,650	\$60,812.50	\$72,975	\$85,137.50	\$ 97,300	\$109,462.50
8	\$54,150	\$67,687.50	\$81,225	\$94,762.50	\$108,300	\$121,837.50

For families/households with more than 8 persons add \$5,500 for each additional person.

Sliding Fee Schedule is based on the 2025 Federal Poverty Guidelines published in the Federal Register January 2025.

