



Amounts Generally Billed

Any patient who is eligible for financial assistance under Emerson Hospital's Financial Assistance Policy, and who receives Emergency Services or other Medically Necessary Services provided by the Hospital, will not be billed greater than the Amounts Generally Billed ("AGB") to patients who are covered under (a) a commercial insurer/plan; (b) Medicare fee-for-service; and (c) Medicaid.

The Hospital determines the AGB percentage by using the U.S. Internal Revenue Service's "Look Back Method". Annually, the AGB is calculated by dividing (i) the sum of all allowed amounts for claims that have been paid by Medicaid, Medicare fee-for-service and all commercial health insurers/plans, by (ii) the sum of the associated gross charges for those claims. The AGB will be applied to a patient's balance, after meeting Financial Assistance eligibility criteria, to determine the amount due.

The AGB for the Hospital is calculated annually, usually in December to obtain the most accurate information for claims paid during the prior fiscal year.

$$\text{AGB} = \frac{\text{Sum of all Allowed Amounts on Claims Paid by} \\ \text{Medicaid, Medicare FFS, and Commercial Insurers/Plans}}{\text{Sum of Gross Charges for those claims}}$$

Amounts Generally Billed for FY2022: 62%

Effective: July 2022