APPENDIX A

AMOUNT GENERALLY BILLED

*(Revised 9/1/21)*

Patients are eligible for a 50% Community Health Discount on all accounts for which there is no insurance to be billed. Self-pay patients will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to those patients who have insurance. The Community Health Discount will be calculated annually, utilizing the “look back method” per IRS guidelines.

The AGB is calculated based on the combined percentage of what Medicare Fee for Service and Commercial Insurance Payers allow for services billed in a 12 month period. The percentage calculated will be multiplied times the total charges on the claim to arrive at the AGB. The calculated AGB for a particular claim will be the amount all discounts will be applied to.