

**COMMUNITY MEDICAL CENTER, INC.
AMOUNTS GENERALLY BILLED (AGB)**

An individual who applies for and has been determined to be eligible for financial assistance will not be charged more than the amounts generally billed (AGB) to individuals who have insurance coverage for that same care.

Community Medical Center, Inc. will apply the “look-back method” for determining AGB. The look back method will include all claims that have been paid in full by Medicare and Commercial Health Insurers for emergency/medically necessary care provided by Community Medical Center, Inc. during a prior 12-month period.

The AGB will be determined by multiplying the Gross Charges for these claims by the AGB percentage. Gross Charges are defined as the full established rate for the provision of healthcare service and items. (Gross Charges x AGB Percentage = AGB)

The AGB Percentage is the sum of all amounts allowed on these claims divided by the sum of the associated gross charges for those claims.

$$\text{AGB\%} = \text{Sum of Claims Allowed Amount \$} / \text{Sum of Gross Charges \$ for those claims}$$

Amounts Generally Billed: 67%
Effective Date: August 1, 2018