

Whitman Hospital and Medical Center

Amounts Generally Billed Calculation

If you receive financial assistance under the Whitman Hospital and Medical Center *Financial Assistance Policy*, the hospital may not charge you more for emergency or medically necessary care than the amounts generally billed (AGB) to individuals with insurance covering such care.

A patient eligible for financial assistance is considered to be “charged” only the amount he/she is personally responsible for paying, after all discounts (including discounts available under the financial assistance policy) and the insurance payments have been applied.

Whitman Hospital uses the “look-back method” to determine the amounts generally billed. The AGB percentage is calculated using all claims allowed by private pay insurers, including Medicare Advantage and traditional Medicare, for inpatient and outpatient services from January 1, 2016 through December 31, 2016. Claims for Medicaid and workers’ compensation were excluded. Total payment from allowed claims was divided by the total billed charges for the same claims. The AGB percentage will be updated annually.

The following is the AGB percentage for Whitman Hospital, a charitable hospital organization under section 501(c)(3) of the Internal Revenue Code, is effective January 1, 2017: 78%