

Whitman Hospital and Medical Clinics

Amounts Generally Billed calculation

If you are awarded Charity Care under the Whitman Hospital and Medical Clinics Charity Care Policy and Procedure, 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 she/he is personally responsible for paying, after all discounts (including Charity Care available under the Charity Care Policy and Procedure Policy) and the insurance payment have been applied.

Whitman Hospital and Medical Clinics 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, 2021 through December 31, 2021. Claims for Medicaid and worker’s 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©(3) of the Internal Revenue Code, effective January 1, 2022: 68%