



## **AMOUNTS GENERALLY BILLED 2021**

If you receive assistance under the Boone Financial Assistance Policy (FAP), the hospital may not charge you more than the amounts generally billed (AGB) to individuals who have insurance covering the same services. A patient eligible for financial assistance is considered to be "charged" only the amount he or she is personally responsible for paying, after all discounts (including discounts available under the FAP) and insurance payments have been applied.

Boone determines AGB by multiplying the hospital's gross charges for that care by one or more percentages of gross charges, called "AGB percentage."

The AGB percentage is calculated annually by dividing the full amount of all of the hospital's claims that have been allowed by health insurers during the prior 12-month period by the sum of the associated gross charges for those claims. For these purposes, the full amount allowed by a health insurer includes both the amount to be reimbursed by the insurer and the amount (if any) the individual is personally responsible for paying in the form of co-payments, co-insurance or deductibles. The AGB calculation is performed annually for each hospital.

The 2021 AGB for Boone is determined to be 29.9%