FAITH REGIONAL HEALTH SERVICES

Patient Financial Services
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FRHS.ORG

Patient Financial Assistance
Amounts Generally Billed (AGB)

Limitations on Charges-Section 501 (R) (5)
Limitation on Charges – Section 501(r)(5) | Internal Revenue Service (irs.gov)

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.

Faith Regional Health Services will apply the "look-back method" for determining the AGB. The look-back method will include all claims that have been paid in full by Medicare/Medicaid/Commercial Health Insurers for emergency/medically necessary care provided by Faith Regional Health Services during a prior twelve (12) month period.

Under the look–back method for determining AGB, a hospital facility determines AGB for any emergency or other medically necessary care provided to a FAP-eligible individual by multiplying the hospital facility's gross charges for that care by one or more percentages of gross charges, called AGB percentages. Gross Charges are defined as the full established rate for the provision of healthcare services and items. (Gross Charges x AGB Percentage = AGB)

Hospital facilities must calculate their AGB percentages at least annually by calculating the sum of the amounts of all its claims for emergency or other medically necessary care that have been allowed by the certain health insurers during a prior 12-month period divided by the sum of the associated gross charges for those claims. (Sum of Payer Allowed Amount ÷ Sum of Gross Charges = AGB Percentage)

2024 AGB Percentage: 48.5%