



Calculation of Amounts Generally Billed

IRS Regulation 501r requires the hospital to calculate the Amount Generally Billed to patients who have insurance and to assure patients who qualify for the Financial Assistance Program are not charged more than the average amount reimbursable by insurance.

Facility Name uses the "Look Back Method" described by the IRS in the 501r regulations. This method compares the charges for claims processed by insurance companies and Medicare with the "amounts allowed" for those services. The "amounts allowed" means the portion that insurance and Medicare pay or allocate to the patient to pay.

The percentage is updated annually, based on activity provided through (FYE month and day) and updated in the Financial Assistance Policy and related calculations within 120 days.