

Amounts Generally Billed (AGB) Statement:

Following a determination of eligibility under this FAP, a patient eligible for financial assistance will not be charged more for medically necessary care than the AGB.

1. Vernon Health, Inc. determines AGB based on all claims paid in full to Vernon Health, Inc. by Medicare, Medicare Advantage, Medicaid, Medicaid HMO and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims using the Look-Back Method.
2. The AGB is the expected payment from the patient or guarantor who is eligible for Financial Assistance.
3. Only those approved for financial assistance may not be charged more than the AGB for emergency or other medically necessary care.
4. Please refer to the FAP policy for full details.