



Amounts Generally Billed Calculation

Franklin Community Health Network provides financial assistance to patients meeting the eligibility criteria outlined in the Financial Assistance Policy.

After the patient's account(s) is reduced by the financial assistance adjustment based on policy, the patient is responsible for the remainder of his or her outstanding patient account which shall be no more than amounts generally billed (AGB) to individuals who have Medicare fee for service and private health insurers for emergency and other medically necessary care.

Franklin Community Health Network has chosen to use The Look Back Method to determine the AGB. Patients or members of the public may obtain this summary document at no charge by contacting the Patient Financial Services office at 207-887-5100 or toll free at (866) 804-2499.

Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.

AGB % = Sum of Claims Allowed Amount \$ / Sum of Gross Charges \$ for those claims

Allowed Amount = Total charges less Contractual Adjustments

If no contractual adjustment is posted then total charges equals the allowed amount.

Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

On an annual basis the AGB is calculated for each hospital.

- Look Back Method is used. A twelve (12) month period is used.
- Includes Medicare Fee for Service and Commercial Payors.
- Excludes Payors: Medicaid, Medicaid pending, uninsured, self-pay case rates, Tricare, motor vehicle and liability, and worker's compensation, and other governmental payers.

Hospital: Franklin Memorial Hospital

Amounts Generally Billed: 42%

Effective: January 1, 2021

