



**COLUMBUS**  
COMMUNITY HOSPITAL

**Calculation of Amounts Generally Billed**  
**For Columbus Community Hospital**

Annual Revision Date: 5/1/2024

The “Amount Generally Billed” or “AGB” is the amount the Hospital generally bills to insured patients. The Hospital determines its AGB utilizing the method detailed below.

The Hospital utilizes the look-back method to establish its AGB and AGB Percentage. The AGB is the Hospital’s gross charges multiplied by the AGB Percentage. The Hospital’s current AGB Percentage is 48.38%. Patients may obtain a description of the calculation in writing free of charge by visiting the Hospital’s Patient Accounts Department, located in the hospital adjacent to the Main Registration Area or by calling 402-562-3159.

The AGB Percentage is calculated by dividing the total of all claims allowed by health insurers during the prior 12-month period by the total gross charges for those claims.

- Claims are considered to be “allowed” not based upon when the care was provided, but when the insurer determines the allowable amount of the claim.
- The amount “allowed” included the amount the insurer will pay plus the amount for which the individual is personally responsible (including co-pays and deductibles).
- Allowed claims are included in the AGB Percentage calculation regardless of whether they have been paid or collected.
- “Health insurers” for purposes of this definition are Medicare fee-for-service and all private health insurers.

The Hospital calculates its AGB Percentage on an annual basis. For purposes of this policy, each new AGB Percentage will be implemented within 120 days of the 12-month period used by the Hospital to calculate the AGB Percentage.

Initial Effective Date: 05-01-2016

H:/501(r) Charity Documents/AGB with calculation description.docx