

Amounts Generally Billed Calculation

Updated: September 2016

Stanford Children's Health (SCH) provides financial assistance and charity care to patients meeting the eligibility criteria outlined in the Financial Assistance Policy (FAP). After the patient's account(s) is reduced by the financial assistance adjustment based on the policy, the patient/guarantor is responsible for the remainder of their outstanding liability which shall be no more than the amounts generally billed (AGB) to individuals who has Medicare for emergency or medically necessary care.

Stanford Children's Health (SCH) determines AGB by utilizing the "look-back" method. The AGB percentage is calculated by using claims allowed by Medicare for services with a discharge date from the previous fiscal year (September – August). For these claims, the sum of all allowable reimbursement amounts is divided by the associated gross charges. The AGB percentage is applicable as of September 1st of each year.

Stanford Children's Health (SCH) AGB is 20%

The AGB percentage will be applied in the case of emergency or medically necessary care for individuals who are eligible for financial assistance under Stanford Children's Health's financial assistance policy (FAP). The percentage will be applied to gross charges for such care to determine the maximum amount an individual is personally responsible for paying with respect to such care.

Patient Discount Matrix

	Family Income as % of FPL	Discount for Medically Necessary Services or Emergency Care
Uninsured Patient	<400% FPL	80%
Underinsured Patient	<400% FPL	80%
Balance after Insurance Payment	<400% FPL	Any patient liability after insurance payment, except non-covered charges
Charity Care	<400% FPL	100%
ALL	>400% FPL	No Discount

*Note: Charity Cases are reviewed on a case by case basis. Patient must meet Charity Care guidelines and Family Income as percentage of FPL to qualify for Charity Care, section IV.D of the Financial Assistance Policy (FAP).