



Amount Generally Billed Definition

Kettering Health provides financial assistance and charity care to patients meeting eligibility criteria outlined in the Financial Assistance Policy (FAP). Patients eligible for financial assistance will be billed no more than the “amount generally billed” (AGB) to individuals who have insurance coverage for emergency or medically necessary care.

Kettering Health determines the AGB by utilizing the “look-back” method. The AGB percentage is calculated by using claims allowed by private pay insurers (including Medicare Advantage) and Medicare (Traditional) for services with a discharge date from the previous year. Total expected payment from allowed claims were divided by total billed charges for such claims.

Kettering Health’s AGB is 24% of gross charges.